OR WRITE PLAINLY, WITH UNFADING INK.

TYPE

PLEASE

VS.

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Supply every item of information carefully.

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 0771

7716 CERTIFICATE OF DEATH

Reg. Dist. No. 131

2. USUAL RESIDENCE (HOME) OF DECEAS  STATE Maryland COUNTY Carr  Y outside corporate limits, write RURAL	oll
Y outside corporate limits, write RURAL	
Y outside corporate limits, write RURAL	
TOWN Mount Airy	6X-2
STREET (If rural give location ADDRESS Baker Avenue	n) /
(Last) 4. DATE (Month) OF DEATH: August	(Day) (Year) 9, 1955
E OF BIRTH: 9. AGE last birthday IF UNDER	
11. BIRTHPLACE (State or foreign country): 12 Maryland	COUNTRY?
14. MOTHER'S MAIDEN NAME:	
Lucinda C. Brandehburg	
	INTERVAL BETWEEN
The 11.	1 hrees (
ON	20. AUTOPSY?
	YES NO XX
actory, 21c. WHERE DID (City or town) (Cou	inty) (State)
t 5:10A M, from the causes and on the date	e stated above. ATE SIGNED 8/9/1955
	ADDRESS Baker Avenue  (Last)  (USHERMAN  E OF BIRTH:  5,1879  11. BIRTHPLACE (State or foreign country):  Maryland  14. MOTHER'S MAIDEN NAME:  Lucinda C. Brandehburg  17. INFORMANT & ADDRESS: 1101 Rose  Mr. Earl S. Ausherman, Frederi  ATION  actory, 21c. Where DID (City or town)  school Injury occur?  ED 21f. How DID INJURY occur?  ED 21f. How DID INJURY occur?  Adj, 1955, to Cing. 9, 1955, that I lated the suses and on the date ADDRESS  M. D. Frederick, Maryland

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BUREAU V. S.

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MARYLAND STATE DEPARTMENT		07718	
7743 CERTIFICATE	E OF DEATH Reg. Dist	No. 144	
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:	
COUNTY Frederick MARYLAND	STATE Md COUNTY Fred	erick	
CITY (If outside corporate limits write RURAL, LENGTH OF STAY	Y CITY(If outside corporate limits, write RURAL and give nearest to		
X TOWN Rural Thurment Since 1928	TOWN Rural Thurmont	X	
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural give location) ADDRESS	/	
		Day) (Year)	
(Type or Print) Harlow Stuart	Bales OF DEATH: Aug.	9.19559	
Male White Widowed Jan 18	OF BIRTH: 9. AGE last birthday   IF UNDER IN   Months   D		
work done during most of working life, even if retired armer 108. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:		
William W.Beles	Sophrona Leeds		
IS. WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO.  (Yes, no, or unk.) (If Yes, give war or dates	17. INFORMANT & ADDRESS:		
No of service) None	Mabel Bales Washington	,D.C.	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  331X IMMEDIATE CAUSE  (A)  DUE TO	l hemonlage	ONSET AND DEATH	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)	l vareular disease	5 years	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
none		YES NO	
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, facts OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	etc. INJURY OCCUR?	(State)	
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?		
alive on line 15., 1955, and that death occurred at SIGNATURE	4. A. M. from the causes and on the date DAT  D. Thurwant Md. 8-/	stated above. re signed 0- '5' 5	
REMOVAL (SPECIFY)	ge Cen etery Thurnont	county) (State)	
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
aug. 10 1955 Blanche S. Eyler	M.L. Creager and Son Thur	mont, Md.	

BUREAU V. E.

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BECENTED

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 7717

CERTIFICATE OF DEATH

Reg. Dist. No. 13

	1106. 2101	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	0
COUNTY Shederick MARYLAND	STATE Manufaud COUN	TY Carroll
CITY (If outside corporate limits, write RURAL! LENGTH OF STAY		nd give nearest town)
OR and give nearest town (in this place)	TOWN Jinwood Kun	al 1
HOSPITAL OR ASSISTANCE OF A STATE	STREET (If rural give location)	
STREET ADDRESS Hemorial Hospital	Clear Ridge	06X-2
3. NAME OF DECEASED: (Middle) (Middle)	(Last) 4. DATE (Month) (Day OF DEATH: Qua 2	(Year) 19 5 5
5. SEX: S. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED, DESCREED, O	OF BIRTH:   9. AGE last birthday. IF UNDER 1 YE	
M (Specify): W June	16-1869 86 yrs. Months Da	Hours Min.
10a. USUAL OCCUPATION. Give kind of work done dufing most of working life, INDUSTRY:	R   11. BIRTHPLACE (State or foreign country):   12.	CITIZEN OF WHAT
even if retired):	maruland	71.5 a
13. FATHER'S NAME!	14. MOTHER'S MAIDEN NAME:	
David Bowers	angeline ?	
(Yes, no, or unk.) (If Yes, give war or dates of	. INFORMANT & ADDRESS:	1 34.1
no service) none (a	Therene & Ileagle, New Wir	idsor Ma
18. MEDICAL CERTIFICATI	ION	Interval Between
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Onset And Death
Immediate cause (a) Ardence	1	711
DUE TO	0 *	Doug
Antecedent causes (s) Diseases or conditions, if any, (b)	spris	
giving rise to the above cause stating the underlying cause last. DUE TO		
(c)		
II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY ?
A COLDINATE (C. 14)	(COVINEY)	Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street OF Office bldg., etc.)	(COUNTY) (COUNTY) (S	TATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURED  OF INJURY m. INJURY At Work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	195 S, to Que, V, 19 S, that I last	saw the deceased
alive on and 1957, and that death occurred at	3 P. M. from the causes and on the date s	
SIGNATURE (Degree or title)	ADDRESS DA	TE SIGNED
4 Hones		
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	RY OR CREMATORY   LOCATION (City, town, or con	unty) (State)
Durial (mg 9-1933) / Pince	re Carroll 60.	ma
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS 711
( Charlette J. Heck	WD Hargeen & Sour - Mell Win	ason pu

DECEDVED

BUREAU V. S.

Reg. Dist. No. 131

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH

I. PLACE O	F DEATH:				2. USUAL RI	ESIDEN	CE (HOME	OF DECEAS	ED:		
COUNTY	Frederick		MARYL	AND	STATE	Mary	rland		COUNTY	Fred	erick
CITY (If	outside corporate li	mits, write RURA	L LENGTH	OF STAY	CITY (If	outside	corporate lin	nits, write RU			
// TOWN	Frederick		37	s place)	OR TOWN	Fred	derick			/	1
IIOSPITAI INSTITUT					STREET		(	If rural give lo	ocation)	1	,
OO STREET		East Seven	th Stree	et	ADDRESS	224	East S	eventh St	treet		
3. NAME OF DECEASED	(First)		(Middle)		(Last)		4. DATE OF	(Month)	(Day)	(Year	
(Type or Pr	rint) Jesse	Ernest Bri	ghtwell				DEATII:	August	3	19 5	
5. SEX:	S. COLOR OR RACE:	7. SINGLE, MA	ARRIED, D <del>IVORCED</del> ,	8. DATE	OF BIRTH:	9.		irthday: IF UN Mont			Min.
Male	White	(Specify): M	arried		h 12-1892		6	3 yrs.			
work done	during most of wor tired): Molder	king life, l	CIND OF BUNDUSTRY: n and St		Maryl:		State or for	reign country):	12. CIT	UNIKI	F WHA' SA
13. FATHER'S		1110	ii and be	neer oo	14. MOTHER'S		EN NAME:		-!		711
					Emma St	.740					
	Brightwell SED EVER IN U.S.ARM	IPD FORCES 2   16 S	OCTAY SECTION	No -   17	INFORMANT		RESS:	224 E.	7+1	C+	
(Yes, no, or un	k.) (If Yes, give wan	or dates of	4-10-340		rs. Jesse						
NO			MEDICAL CE		-	۱ ونا	or TRUCM	311 110	Juor 10	119 1110	
I DIGE LONG	OB COMPINIONS				ON						Betwee
110	OR CONDITIONS	DIRECTLY LEA	DING TO DI	7	. /	7				Onset	and Deat
	O do	(a)	Cons	1000	a pu	1/2	re			12/11	1
		DUE TO									
	ent causes(s) or conditions, if an	V. (1)	13. 1	1 -	= -0					220	1
giving rie	e to the above cau	se DIVE	Landing of the	esso	Della so		20			1	7
staung th	e underlying cause	1000.									
II. OTHER S	GNIFICANT COND	(c)									
Conditions	contributing to the the disease or condit	death but not									
	OPERATION:   19			PERATION						20. AU'	COPSY 1
										Yes 🗌	No 🗆
21. ACCIDENT SUICIDE HOMICIDI	, , ,		ome, farm, face bidg., etc.		(CITY OR	TOWN	)	(COUNTY)	(STA	ATE)	
TIME (Mor	th) (Day) (Year)	(Hour)   INJ	URY OCCURI		HOW DID II	NJURY	OCCUR?				
OF INJURY		m. Whi		While Work							
22. I hereby	certify that I a	ttended the dec	eased from	ans >	.19.5 5. to	lie	19:3.1	that	last sa	w the d	ecease
	Ling 5, 195	Annual Contract of the Contrac									
SIGNAT	LIKE 130	(Degr	ee or titie)	rred at	J.C. Isem	ADD	ress	and on the	DATE	E SIGNE	)
	12/1	home	ous In	10							
23. BURIAL,	CREWATION, DA	TE THEREOF	NAME O	F CEMETE	RY OR CREMA	TORY	LOCATIO	ON (City, town	, or count	ty) (	State)
Buria	(Specity) 8	-5-55	Mt. (	Olivet	Cemetery		Fred	erick- Ma			
DATE REC	D BY LOCAL RE	GISTRAR'S SIGN			24. FUNERAL					ADDRES	5
REGISTRA	T9-1- 4	V: \) At (	1 101	^	C.E.Clin	e and	1 Son-	Frederic	c. Md.		

age is especially important.

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Frederick, Maryland

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- CERTIFICATI	Reg. Dist.	No. 1.3 \
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
county Frederick MARYLAND	STATE Maryland COUN	TY Frederick
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town)  Frederick 27 years	CITY (If outside corporate limits, write RURAL ar	nd give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 Hamilton Avenue	STREET (If rural give location) ADDRESS 50 Hamilton Avenue	/
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day	) (Year)
DECEASED:	ROWNING DEATH: August 18	1955
5. SEX:   S. COLOR OR   7. SINGLE, MARRIED,L8. DATE	OF BIRTH: 9. AGE last birthday: if UNDER I Y	
Male White WIDOWED, DIVORCED, (Specify): Widowed Novem	aber 16.1883 71 yrs. Months De	
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Truck Driver Lime Company		CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Benjamin Browning	Lidia Lydard	
15 WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: 17 (Yes, no, or unk.) (If Yes, give war or dates of	n informant & Address: Irs. Gladys Rov - Frederick, Maryl	and
18. MEDICAL CERTIFICAT		
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH    1	<u>Carou ou é</u>	Interval Between Onset And Death Moufles
(c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY ?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street office bldg., etc.)	et, (CITY OR TOWN) (COUNTY) (S	Yes No No TATE)
HOMICIDE   INJURY  TIME (Month) (Day) (Year) (Hour)   INJURY OCCURED   While at Not While	HOW DID INJURY OCCUR?	
1NJURY m. Work At Work		0 1
Signature B. Thomas, M. D.	9:55 P.M. from the causes and on the date	stated above.
(Preside)	Memorial Park Frederick,	Maryland ADDRESS
20 Gue 1953 Elizabeth S. Hech	C. E. Cline & Son - 8 East Patri	ck Street

PLEASE WRIT

BUREAU V. S.

AUG 23 1955

DECENTED

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carefully. The

7720 CERTIFICA	TE OF DEATH Reg. Dist. No. 131
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Frederick MARYLAND	STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL) LENGTH OF S	TAY GITWIf outside corporate limits, write RURAL and give nearest town
and give nearest town)  Frederick  6 Days	Frederick-Rural-R. F. D. #3, X
HOSPITAL OR JUSTITUTION OR GENERAL HOSPITAL HOSP	STREET (If rural give location)  Address Indian Springs
3. NAME OF (First) (Middle)  DECEASED: (Type or Print) AGNES BEATRICE	(Last) 4. DATE (Month) (DRy) (Year) OF DEATH: August 5, 1955
RACE: WIDOWED, DIVORCED,	PATE OF BIRTH: 9. AGE last birthday If UNDER 1 YEAR   IF UNDER 24 HRS   Hours   Min   17, 1878   76   Yrs.   Months   Days   Hours   Min
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired HOUSEWORK HOME	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHA COUNTRY?  Maryland  USA
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Thomas M&Donald	Agnes Stapelton
15. WAR DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates	
No of service) No None	Kenneth I. Busey, Frederick, R.F.D.#3, Md.
ANTECEDENT CAUSE (5)  DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	ri Heart Disease 4 week- Lengestive failure)
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERA	ATION 20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm OF CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office (IF EITHER, NOTIFY MEDICAL EXAMINER)	n, factory, bldg., etc.   21C. WHERE DID (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCU While Not while at work at work	e A
//	d at 7:25P M, from the causes and on the date stated above.  ADDRESS  M.D. Frederick, Maryland 8/6/1955
REMOVAL (SPECIFY)	CILIVET CEMETERY OR CREMATORY   LOCATION (City, town, or county) (State
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR  Chalittes Heck.	M. R. Etchison & Son, Frederick, Maryland

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BUREAU V. S.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

Supply every item of information carefully. The

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7744

### CERTIFICATE OF DEATH

Reg. Dist. No. 139

07725

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
COUNTY Frederick MARYLAND	STATE Maryland COUNTY Washi	ington
CITY (If outside corporate limits, write RURAL OR and give nearest town)  TOWN Cullen  LENGTH OF STAY (in this place)  114 days	CITY(If outside corporate limits, write RURAL and OR Hagerstown	
HOSPITAL OR INSTITUTION OR Victor Gullen State Hospital	STREET (If rural give location) ADDRESS E Antietam Street	/
DECEASED: (Type or Print) Susan Cr	rilley OF August	Day) (Year) 4, 19 55
BACE: WIDOWED, DIVORCED,	9. AGE last birthday   If UNDER 1   Months   I	YEAR IF UNDER 24 HRS. Days Hours Min.
NOA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ? OR INDUSTRY:	ri. Birthplace (State or foreign country): 12.  Maryland	CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
James McKee	Rebecca Carty	
(Yes, no, or unk.) (If Yes, give war or dates of service)  15. SDCIAL SECURITY NO.  NO.	Susan Crilley, Hagerstown, Mary	yland,
18. MEDICAL CERTIFICAT I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TION	INTERVAL BETWEEN
IMMEDIATE CAUSE (A) Carcinoma	of Colon	Unknown
ANTECEDENT CAUSE (S)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO		
STATING UNDERLYING CAUSE LAST.	Tuberculosis	6 months.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	Tuberculosis	o montais.
DISEASE OR CONDITION CAUSING DEATH.  19A, DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N .	20. AUTOPSY?
		YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21B. PLACE (Home, farm, fact OF INJURY street, office bldg.,	etc. INJURY OCCUR?	ty) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from April alive on Aug. 4, 1955, and that death occurred at SIGNATURE	6:10 M, from the causes and on the date DA	stated above. re signed st 5, 1955
	ERY OR CREMATORY   LOCATION (City, town, or	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR 8/4/55	24. FUNERAL DIRECTOR	ADDRESS

## BUREAU V. S.

AUG 8 1955

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A15-10-53

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correct age is especially important. Physicians: please write the causes of death clearly and legibly.

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 7721 CERTIFICATE OF DEATH

CHAILETOAL	E OF DEATH Reg. Dist.	. No. ±2±
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	D:
county Frederick MARYLAND	STATE Maryland county Frede	rick
CITY (If outside corporate limits, write RURAL LENGTH OF STAY and give nearest town) (in this place)	CITY(If outside corporate limits, write RURAL a	
OR and give nearest town) (in this place)  Frederick Years	Frederick	11
HOSPITAL OR INSTITUTION OR	STREET (If rural give location)	1
STREET ADDRESS 224 South Carroll Street	224 South Carroll Str	eet
3. NAME OF (First) (Middle) DECEASED: (Type or Print) HARVEY SYLVESTER CU	(Last) 4. DATE (Month) (I OF DEATH: August	Ony) (Year) 31, 1955
	OF BIRTH: 9. AGE last birthday IF UNDER 1 Y	EAR IF UNDER 24 HRS.
Male White (Specify): Married August		ays Hours Min.
Work done during most of working life, OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):  12.	CITIZEN OF WHAT
even if retired ke Cutter Bakery	Maryland	USA
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Hiram Cutsail	Ida Main	
15. WAR DECEASED EVER IN U.S. ARMED FORCES? 15. SOCIAL SECURITY No. (Yes, no, or unk.) (If Yes, give war or dates	17. INFORMANT & ADDRESS: 224 South	Carroll Stre
No of service) No 212-21-6239	Mrs. Emma B. Cutsail, Frederick,	Maryland
18. MEDICAL CERTIFICAT	TION	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
HADITE CAUSE (A) MY FCAN	and Infan leav	5 month
ANTECEDENT CAUSE (S)	-500/	
DISEASES OR CONDITIONS, IF ANY, (B)	Solusti	6 300
GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST.		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19A. DATE OF OPERATION:   19B. MAJOR FINDINGS OF OPERATIO	N	20. AUTOPSY?
		YES NO
21a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	etory, 21c. WHERE DID (City or town) (Count, etc. INJURY OCCUR?	ty) (State)
OF INJURY (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	D   21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2./	1955, to 8-34 1900 that I last	saw the deceased
	3:20AM, from the causes and on the date :	
SIGNATURE/		TE SIGNED
	A.D. Frederick, Maryland 9/	1/1755
REMOVAL (SPECIFY)	ERY OR CREMATORY   LOCATION (City, town, or	
Burial Sept.2,1955 Mount Olive		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REGISTRAR 1954 - Elis lette y Hech.	M. R. Etchison & Son, Frederic	k, Maryland

BUREAU V. E.

SEP 6 1955

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MARYLAND STATE DEPARTMEN	VI OF HEALTH—BALTIMORE, 18 U 6 6 6
7745 CERTIFICAT	E OF DEATH Reg. Dist. No. \3\
Item 8, FilmGl858-15-55 et	2. USUAL RESIDENCE (HOME) OF DECEASED:
Enedemick	STATE Maryland COUNT Frederick
CITY If outside corporate limits, write RURALLENGTH OF STAN	
New London (in this place)	New London, Rt #1 (Rural)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home, New London, Rt #1	Rt#1, Frederick, County
3. NAME OF DECEASED: Mollie Surfronia Di	(Last) Sney Aug 3 (Year) 55
RACE: WHOWED, DIVORCED,	9. AGE last birthday: If UNDER 1 YEAR IP UNDER 24 HRS Months Days Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): MICWITE	Maryland, Frederick County U.S.A
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Frank Thomas	Jane Thomas
15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: 17. (Yes, no, or unk.) (If Yes, give war or dates of service)	George Thomas, New Jondon, Frederick, County
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH    Antecedent causes (s)   Diseases or conditions, if any, (b)   Conditions   Condi	Tolonatis Had Di acoré
giving rise to the above cause stating the underlying cause last.  (c)	25
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY
2I. ACCIDENT (Specify)   PLACE (Home, farm, factory, street	Yes No (COUNTY) (STATE)
2I. ACCIDENT (Specify) PLACE (Home, farm, factory, streed office bldg., etc.)  HOMICIDE INJURY	t <sub>s</sub> (CHI OR TOWN) (COUNTY) (SINIE)
TIME (Month) (Day) (Year) (Ilour) INJURY OCCURED OF INJURY m. INJURY At Work	HOW DID INJURY OCCUR?
alive on the 2.410 and that death occurred at (Degree or title)	, 19 5, to
Bulled (Specify) Aug 6 Dorsey Chu Date Rec'd by Local Registrar's Signature Registrar	rch Cemetery New London, Frederick, Md  24. FUNERAL DIRECTOR C.E.Hicks 111. 24 Saints St, Frederick, Md
5 aug 1955 Chabille J. Hech.	Comonicondition of the contraction, and

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WRITE PLAINLY, WITH UNFADING INK. Supply every item of inform

PLEASE TYPE

VS. A15

ation carefully. The

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 ()7728
7748 CERTIFICATE OF DEATH Reg. Dist. No. /40

1. PLACE OF DEATH:		2. USUAL RESID	ENCE (HOME) OF DECI	EASED:
COUNTY FREDERICK	MARYLAND	STATE MAR	RYLAND COUNTY	FRDEDERICK
CITY (If outside corporate limits, write RUF OR and give nearest town) TOWN WOODSBORO	LENGTH OF STAY (in this place) 30 yrs	CITY(If outside OR TOWN	corporate limits, write RUI	RAL and give nearest town
HOSPITAL OR INSTITUTION OR STREET ADDRESS	30 113	STREET	(If rural give loc	atlon)
3. NAME OF (First) DECEASED: (Type or Print) KENLEY		(Last) DORSEY	4. DATE (Month)	(Day) (Year)
5. SEX:   6. COLOR OR   7. SINGLE, M	ARRIED, 8. DATE	OF BIRTH:	9. AGE last birthday Mont	
IOA. USUAL OCCUPATION (Give kind of work done during most of working life,	KIND OF BUSINESS OR INDUSTRY: ATE ROAD		(State or foreign country):	12. CITIZEN OF WHA COUNTRY?
13. FATHER'S NAME:		14. MOTHER'S M	AIDEN NAME:	
CLAGGETT W. DORSEY		LAURA	HARNE	
(Yes, no, or unk.) (If Yes, give war or dates of service)	6. SOCIAL SECURITY NO. 219-05-0529	Mrs Myra		oro Ma
18.	MEDICAL CERTIFICAT	TION		INTERVAL BETWEE
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	E TO  Chron  E TO	ic mys	carditis	4 475
II OTHER SIGNIFICANT CONDITIONS CONT	C)	1	4	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEAT	E Chr	onic by	oneliitis	?
19a. DATE OF OPERATION: 19B. MAJOR FI	NDINGS OF OPERATION	N		20. AUTOPSY?
OR CONTRIBUTING CAUSE OF DEATH OF I		etc. INJURY OCCU	R?	(County) (State)
OF INJURY	1E INJURY OCCURRED While Not while t work at work	21F. HOW DID	INJURY OCCUR?	
22. I hereby certify that I attended the alive on him 1955, and to signature.	hat death occurred at		hocauses and on the	date stated above.  DATE SIGNED  8/23/5.
23. BURIAL, CREMATION, DATE THEREOF REMOVAL (SPECIFY)  Burial 8/25/195	ROCKY HILI	ERY OR CREMATOR	Woodsboro	wn, or county) (State
DATE REC'D BY LOCAL REGIS RAR'S S	IGNATURE	24. FUNERAL I		ADDRESS

DECENTED

AUG 25 1955

BUREAU V. S.

STRAR

DATE REC'D BY LOCAL

REGISTRAR

24. FUNERAL DIRECTOR

Barten

Reg. Dist. No. 140 (Day) (Year) 10 1955 Days Hours COUNTRY? NTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY? YES [ NO [ (County) (State) 19 92 that I last saw the deceased DATE SIGNED State)

ADDRESS



VS. A15 8-51

MARYLAND STATE DEPARTMEN	NT OF HEALTH—BALTIMORE, 18	07730
7742 CERTIFICATI	E OF DEATH Reg. Dist.	No14/
1 Drace or pramy	II A VIGUAL PRODUCTION OF PRODUCTION	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	- 1
COUNTY Trederick MARYLAND	STATE MA. COUNTY Fred	uck
CITY (If outside corporate limits, write RURAL   LENGTH OF STAY	11100	
35 TOWN (in this place)	OR OR CITY (If outside corporate limits, write RURAL and OR TOWN Brundley Co.	give nearest town)
HOSPITAL OR INSTITUTION OR 504 Brusinch Sheet	STREET (If rural, give Iocation) ADDRESS 50 4 Brunsuret S	heit !
3. NAME OF (Middle)	(Last) 4. DATE (Month) (Day	) (Year)
(Type or Print) Deaugh (1864)	7 b DEATH: 8 - 27	19.55
5. SEX:   6. COLOR OR   7. SINGLE, MARRIED,   8. DATE	OF BIRTH:   9. AGE last birthday:   IF UNDER I	
Tenal part Booker 8-	9-1879 76 yrs. Months I	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS OF york done during most of working life, MDUSTRY:	P	COUNTRY?
IS FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	U.S.A
Frank III Sunth	6 MAINTER S MAIDEN NAME:	
I5. WAS DECEASED EVER IN U.S. ARMED FORCES 7 16. SOCIAL SECURITY No.:   17.	INFORMANT & ADDRESS:	1
(Yes, no, or unk.) (If Yes, give war or dates of service)	other M. Dusing, By married To	mk -
IS. MEDICAL O	CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:  33/X Immediate cause (a)	Sel Ham	INTERVAL BETWEEN ONSET AND DEATH
Antecedent cause(s)		7
Diseases or conditions, if any, (b)	meson	<u>C</u>
giving rise to the above cause DUE TO stating underlying cause last		7
II. OTHER SIGNIFICANT CONDITIONS:		
Conditions contributing to the death but not		
related to the discase or condition causing death.  19a. DATE OF OPERATION:   19b. MAJOR FINDINGS OF OPERATION:		20. AUTOPSY?
232. DATE OF OTERATION. 130. MASON PERDINGS OF OTERATION:		,
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street	(CYPRI OR MONTH)	Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)  HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED  OF While at Not while	HOW DID INJURY OCCUR?	
OF While at Not while INJURY M. work at work		
22. I hereby certify that I attended the deceased from	, 19 to 8 2, 19 N, that I last s	
alive on		stated above.
SIGNATURE OF THE	ADDRESS	DATE SIGNED
23. BURIAL, CREMATION   DATE THEREOF   NAME OF CEMETER	RY OR CREMATORY   LOCATION (City, town, or co	1270
23. BURIAL CHEMATION DATE THEREOF NAME OF CEMETER REMOVAL (Specify): 8-30-55 Carl Have	20 0 6 1/-	(State)
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS)
Queg. 29-55 Kathryn N. Brown	6. A. Feelot Bu, Brunswice	Ma

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1. PLACE OF DEATH

CITY (If outside corporate limits, write RURAL) CITY(If outside corporate limits, write RURAL and give nearest town) and give nearest town) TOWN TOWN M1 94. HOSPITAL OR STREET (If rurai give location) INSTITUTION OR Y ADDRESS STREET ADDRESS (First) (Middle) 3. NAME OF (Last) 4. DATE (Month) (Dav) (Year) DECEASED OF (Type or Print) DEATH: Que 195- 1 6. COLOR OR 7. SINGUE, MARRIED 8. DATE BIRTH. 9. AGE last birthday IF ENDER I YEAR WIDOWED, DIVORCED. RACE: Days Months Hours ! (Specify): 4EMYPE WHITE IOA. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS BIRTHPLACE (State or foreign country): |12. CiTIZEN OF WHAT work done during most of working life. OR INDUSTRY: even if retired): 1404612 W A 10 30 and de -13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME: 15. WAS DECEASED EVER IN U.S. ARMED FORCES! INFORMANT & ADDRESS (Yes. no. on unk.) (If Yes, give war or dates of service) 18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING ONSET AND DEATH IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? NO 21A. ACCIDENT WAS UNDERLYING 218. PLACE (Home, farm, factory, 21c. WHERE DID (City or town) (County) (State) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) 21E INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? While Not while OF INJURY at work at work 22. I hereby certify that I attended the deceased from Talk 30, 1953, to Cury 1, 1953, that I last saw the deceased (us) 1, 195. and that death occurred at OM, from the causes and on the date stated above. SIGNATURE ADDRESS DATE SIGNED ma 23. BURIAL, CREMATION THEREOF CREMATORY LOCATION (City, town, or county) DATE NAME OF CEMETERY OR (State) REMOVAL (SPECIFY) DATE REC'D BY LOCAL REGISTRAR'S FUNERAL DIRECTOR SIGNATURE ADDRESS REGISTRAR

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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

7743

## CERTIFICATE OF DEATH

eg. Dist. No. 147

THE CENTURY	Reg. Dist. N	0!f
I. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED GOINT	v
Frederick Maryland	maryland free	lerick
CITY (If outside corporate limits, write RURAL and OR give nearest town) Unionville (in this place)	CITY (If outside corporate limits, write RURAL and g	ive nearest town)
	TOWN Unionville	X
HOSPITAL OR  O INSTITUTION OR STREET ADDRESS	STREET (If rural, give location) ADDRESS R.D. Mt. Airy	/
3. NAME OF (First) (Middle) DECEASED (Type or Print) Benton Sesse 7	(Last) 4. DATE (Month) OF DEATH	(Day) (Year) + / 7 19.5
male white 7. SINGLE, MARRIED WIDOWED DIVORCED (Specify 1 VOTCED)		Days   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work lob. Kind of Business on () done during most of vorting life, even it etired) INDUSTRIAL DEPT.		2. CITIZEN OF WHAT
13. FATHER'S NAME	1 14. MOTHER'S MAIDEN NAME	O.O.A.
Samuel J. Forney	Dennie B. Schellar	
15. Was Decrased Ever In U.S. Armed Forces?   16. Social Security No. (Yes, no, or unknown)   (If yes, give war or dates of service)	Merton Forney, Mt. Airy, N	id.
18. MEDICAL CE		
i. diseases or conditions directly leading to death	ation by	INTERVAL BETWEEN ONSET AND DEATH
Antecedent cause(s)  Diseases or conditions, if any, (b) giving rise to the above cause stating the underlying cause last  (c)	<b>3</b>	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT (Specify) SUICIDE (Specify) HOMICIDE (Specify) SUICIDE (Specify) HOMICIDE (Specify) SUICIDE (Specify) OF office bld (Specify) INJURY OCCUPATED	Milo gart Almonille med	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	How did injury occurs	
22. I hereby certify that I attended the deceased from live on live on 1955, and that death occurred at 8	that I last Que m., from the causes and on the date s	
SIGNATURE: (Degree or title)	ADDRESS	DATE SIGNED
Pal thomas mad Wefuty medical	Kanmer Indend	M 1/8/58
23. BURIAL, CREMATION   DATE THEREOF   CAME OF CEMETE   REMBUR FALLS   8-19-1955   Lingano		aryland
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	C. M. Waltz, Winfield, M	ADDRESS Maryland

PLAINLY, WITH UNFADING INK. Supply every item of information careful, is especially important. Physicians: please write the causes of death clearly and legibly MARGIN RESERVED FOR BINDING

The correct age

VS. A15

PLEASE WRI'LE

AUG SS 1955

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

	1749	CERTIFICAT	TE OF DEAT	H Reg. Dist.	No. 140
1. PLACE OF DEATH- COUNTY	crick	MARYLAND	STATE md.	OME) OF DECEASED COU	trederick.
X TOWN Runal -	orate limits, write RURA wn) Fulderick	AL and LENGTH OF STAY (in this place)	TOWN Ruras	te limits, write RURAL and  - Walkers  (If rural, give location	wille X
90 STREET ADDRESS	Emergence	Hospital	ADDRESS		
3. NAME OF DECEASED (Type or Print)	(First) /	(Middle) LEE	(Last) FORREN	4. DATE (Month) OF DEATH Qua	(Day) (Year) A7 195
Januale 16	COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowyd	8. DATE OF BIRTH	9. AGE last birthday   Wun Mon yrs.	der 1 year If under 24 hr ths Days Hours Min
10a. USUAL OCCUPAT done during most of wor	king life, even If retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State o		12. CITIZEN OF WHAT
13. FATHER'S NAME	Ponk		Harrismia	NAME	1
(Yes, no, or unknown)   (		? 16. SOCIAL SECURITY No.	Mrs & L Gal	56 11 Park Rd Fa	000 00, 1100 0 11-
I. DISEASES OR CON  4 2 2,  Immediate of  Antecedent Diseases or con giving rise to ti	cause (a) (b) (b)	18. MEDICAL CE LEADING TO DEATH Arterior Service	CND		INTERVAL BETWEEN ONSET AND DEATH SYLVAN
stating the und	erlying cause last (c)	m. O t. t. i.	A		24
related to the disease	or condition causing deat	INDINGS OF OPERATION	severe		20. AUTOPSY?
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLACOF INJU	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR T	OWN) (COUN	
TIME (Month) (I OF INJURY	Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?	
22. I hereby certify alive on LC SIGNATURE	that I attended the Aug., 1955, an	d that death occurred at	8:10 Am., from the ADDRESS	causes and on the date	stated above. DATE SIGNED
23. BURIAL, CREMAT REMOVAL (Specify DATE REC'D BY LO REG.	CAL   REGISTRAR'S	955 glade	24. FUNERAL DIRECTO	Walkersville	ADDRESS

The correct age

PLAINLY, WITH UNFADING INK. Supply every item of information carefull is especially important. Physicians: please write the causes of death clearly and legibly MARGIN RESERVED FOR BINDING

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BUREAU V. E.

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PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

VS.

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7723

## CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF OEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:		
COUNTY Frederick MARYLANO	stateMaryland county Frederick		
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest toy		
OR and give nearest town)  // Frederick  (in this place)  18 Years	OR Frederick //		
HOSPITAL OR	STREET (If rural give location)		
STREET AODRESS 340 East Church Street	AOORESS 340 East Church Street		
DECEASED	(Last) 4. OATE (Month) (Day) (Year)		
(Type or Print) CORA MAI GC	ODMAN DEATH: August 30, 1955		
DACE WIDOWED DIVORGED	of BIRTH: 9. AGE last birthday   If UNDER 1 YEAR   IF UNDER 24 HRS.   11 1882   73   Yrs.   Months   Days   Hours   Min.		
OA. USUAL OCCUPATION (Give kind of) 108. KINO OF BUSINESS	11. BIRTHPLACE (State or foreign country):  12. CITIZEN OF WHAT		
work done during most of working life, OR INOUSTRY:	COUNTRY?		
even if retired): House-work Own Home	West Virginia USA		
David Smith	Irene Lawrence		
5. Was Deceased Even in U.S. Armed Forces: Yes, qo, or unk.) (If Yes, give war or dates	17. INFORMANT & AOORESS: 340 E. Church St.		
No of service) None	Thomas E. Goodman, Fre derick, Md.		
18. MEDICAL CERTIFICAT	ION INTERVAL BETWEEN		
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH		
4221 Uhrmi	e Mus carditis		
IMMEDIATE CAUSE (A)			
ANTECEOENT CAUSE (S)	is tolered.		
OISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNOERLYING CAUSE LAST.  DUE TO			
(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE OEATH BUT NOT RELATED TO THE			
DISEASE OR CONDITION CAUSING DEATH	N.		
SA. DATE OF GERATION.	20. AUTOPSY?		
21A. ACCIOENT WAS UNOERLYING OF INJURY Street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)			
DE INJURY (Month) (Day) (Year) (Hour) 21E INJURY OCCURRECT While Not while at work at work	21F. HOW OIO INJURY OCCUR?		
22. I hereby certify that I attended the deceased from	B.o 19\$5, to Mac 30 1955 that I last saw the deceased		
alive on Aug. 24, 1966, and that death occurred at			
alive on	ADDRESS DATE SIGNED		
MI XI. A.	.p. Frederick, Maryland 8/31/1955		
	ERY OR CREMATORY   LOCATION (City, town, or county) (State)		
	vet Cemetery Frederick, Maryland		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR AOORESS		

BUREAU V. S.

SEP 2 1955

DECENTED

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## MARYLAND STATE DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

07736

Item 8, FilmGl	85 8-25-55 et	FOR MEDICAL	LIZZANIA TELEVIZIANIA	II.	teg. Dist. No	9963	
1. PLACE OF DEATI		MARYLAND	2. USUAL RESIDENCE (ESTATE Maryla:	nd	COUNTY	Frederic	ck
OR give nearest	orporate limits, write RUR 10wn Route 2	Several WKs.	CITY (If outside corpora OR Freder	ick	tURAL and give	nearest town	) ×
HOSPITAL OR INSTITUTION OF STREET ADDRESS	R SS		STREET ADDRESS 16 We:	(If rural, g st College	ive location) e Terrac	e	1
3. NAME OF DECEASED (Type or Print)	(First) Charles	(Middle) E•	(Last) Hain	4. DATE OF DEATH	(Month) Aug.	(Day) 20	(Year) 19 5
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARKED, WIDOWED, WIDOWED, (Specify)	8. DATE OF BURTH 11-19-1988188		yrs. Months	year If under	er 24 hru Min.
done during most of wallage.	ATION (Give kind of work corking life, even if retired)	Fraternal Order	Pennsylvania	r foreign country)	12	CITIZEN OF	WHAT
13. FATHER'S NAM	为各种生产系统	George Hain	14. MOTHER'S MAIDEN  DON'THE STANDAR	Cassandra			
(Yes, no or unknown)	VER IN U.S. ARMED FORCES (If yes, give war or dates service)	16. SOCIAL SECURITY NO. 188-05-7973	Mrs. Jacob Kid	_		ick-Md. ge Terr.	
420, Immediate Anteceder Diseases or giving rise to	of cause(s) conditions, if any, (b)	18. MEDICAL CEI	Ocches :	~		INTERVAL BI ONSET AND	
II. OTHER SIGNIFI Conditions contributed to the disease	CANT CONDITIONS sting to the death but not se or condition causing deat RATION 19b. MAJOR	h. FINDINGS OF OPERATION				20. AUTOP	September 1
21. EXTERNAL CAP PRIMARY OR CO CAUSE OF DEATH	ONTRIBUTING TO OF	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR T	OWN)	(COUNTY)	(STATI	No [
	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not while work  at work	HOW DID INJURY OC	CUR?			
obtained by sail from: natural SIGNATURE  21. BURIAL ORF.M. REMOVAL (Specific Removal)	ATION DATE THERE	1955 Mt. Rose Cem	ased died on the dry states undetermined ADDRESS  RY OR CREMATORY L  etery	d above, and d  lessek ocation (Chy York-Penn	eath in my	DATE SIC	sulted GNED tate)
DATE REC'D BY	LOCAL REGISTRAR'S	a b. Hack	24. FUNERAL DIRECTO C.E.Cline and		erick-Md	ADDRESS	

PLEASE WRITE



OR

(Last)

HAWKER

STREET

ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:

Maryland county Frederick

Frederick

DEATH:

CITY(If outside corporate limits, write RURAL and give nearest town)

(If rural give location)

August

9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS.

119 East Patrick Street

DATE (Month)

Reg. Dist. No.

(Day)

Months | Days | Hours | Min.

(Year)

1955

CERTIFICATE OF DEATH

LENGTH OF STAY

Days

(Middle)

SINGLE, MARRIED

WIDOWED, DIVORCED

HOLTZ

(in this place)

The

1. PLACE OF DEATH:

HOSPITAL OR

(Type or Print)

INSTITUTION OR

COUNTY

NAME OF

DECEASED

3.

Frederick

and give nearest town)

Frederick

6. COLOR OR

(If outside corporate limits, write RURAL)

GEORGE

(First)

STREET ADDRESS Frederick Memorial Hospital

> 8	Male   White   (Specify): Single   March	17. 1874   //1 81 yrs.			
r every	10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired then Employee Hotel	11. BIRTHPLACE (State or foreign country): 11.  Maryland	2. CITIZEN OF WHAT COUNTRY? USA		
pply	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:			
Supply te the c	George W. Hawker	Catherine Zimmerman			
a pane	15. WAR DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS: R. F. D	• 排4。		
INK.	(Yes, no, or unk.) (If Yes, give war or dates No 213-16-0037	Mrs. Roy W. Zimmerman, Frede	erick, Maryland		
	18. MEDICAL CERTIFICAT	INTERVAL BETWEEN			
ZZ	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH		
9	IMMEDIATE CAUSE (A) UNEW		1000/		
FA	IMMEDIATE CAUSE (A) DUE TO		- co eeps		
TH UNFADING Physicians: plea	ANTECEDENT CAUSE (S)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1.00		
51	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO	sylandohritis	dears		
WITH it. Phy	STATING UNDERLYING CAUSE LAST.				
it 🕅	(C)				
Y,	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE				
T. Too	DISEASE OR CONDITION CAUSING DEATH.				
LAINLY, W	19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION	N	20. AUTOPSY?		
RITE PL	21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR?  (IF EITHER, NOTIFY MEDICAL EXAMINER)  (County) (State)				
R WRITE is especia	OF INJURY  OF INJURY  OF INJURY  M.   21E INJURY OCCURRED While Not while at work at work   2 to INJURY OCCURRED While Not while at work   2 to INJURY OCCURRED While Not while at work   2 to INJURY OCCURRED While Not while   2 to INJURY OCCURRED WHILE   2 to INJURY OCCURR				
E age	22. I hereby certify that I attended the deceased from?.//	6, 1937, to //2/, 19.05 that I la	st saw the deceased		
SE TYPE		4:00A M, from the causes and on the dat			
		. D. Frederick, Maryland	8/23/1955		
PLEASE		et Cemetery Frederick, Mar			
PL	DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS		
1	24 les 1965 - Elisalette y Heck.	M. R. Etchison & Son, Freder	ick, Maryland		

BECEINED

AUG 26 1955

BUREAU V. S.

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

7725 CERTIFICATE	C OF DEATH Reg. Dist. No. 131
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Frederick MARYLAND	STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town)  Frederick  LENGTH OF STAY (in this place)	OR TOWN Doubs
HOSPITAL OR  MINSTITUTION OR  STREET ADDRESS Frederick Memorial Hospital	STREET (If rural give location) ADDRESS
DECEASED.	Last)  4. DATE (Month) (Day) (Year)  OF DEATH: August 3, 19 55
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, RACE: WHOOMED, DIVORCED, (Specify): Single October	OF BIRTH:  9. AGE last birthday   If UNDER 1 YEAR   If UNDER 24 HRS.  8. AGE last birthday   Months   Days   Hours   Min.
work done during most of working life, Rectification Carrier  Nail	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?  Virginia
13. FATHER'S NAME: Millard E. Hickman	14. MOTHER'S MAIDEN NAME: Sally B. Springs
(Yes, no, or unk.) (If Yes, give war or dates	M. Dewey Hickman, Brunswick, Maryland
IMMEDIATE CAUSE  ANTECEDENT CAUSE (5)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	Thumbosis  Jag.  20. AUTOPSY?
	YES XX NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21B. PLACE (Home, farm, fact OF INJURY street, office bldg.,	etc. INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	m ==
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE REMOVAL (SPECIFY)	1:10AM, from the causes and on the date stated above.  ADDRESS  D. Frederick, Maryland  RY OR CREMATORY   LOCATION (City, town, or county) (State)  St Cemetery   Frederick, Maryland   24. FUNERAL DIRECTOR   ADDRESS   M. R. Etchison & Son, Frederick, Maryland

10 - 53 VS. A15

PLEASE TYPE

ARGIN RESERVED FOR BINDING

OR WRITE PLAINLY, WITH UNFADING INK.

Supply every item of information carefully. The

2361 8 **5014** 

BECEINED

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 07739

7726	CERTIFICATI	E OF DEA'	TH Reg	Dist. No. 131
Item 9, FilmG186 9-20-55 et				
I. PLACE OF DEATH:		2. USUAL RESIDEN	CE (HOME) OF DECEASE	ED:
COUNTY Frederick	MARYLAND	STATE Mary	land	COUNTYFred.
CITY (If outside corporate limits, write	RURAL LENGTH OF STAY	CITY (If outside	corporate limits, write RUI	RAL and give nearest town)
OR and give nearest town) Frederick	(in this place)		ederick	11
HOSPITAL OR INSTITUTION OR STREET ADDRESS II6 West Al	ll Saints St.	STREET ADDRESS II6	(If rural give lowest All Saints	
3. NAME OF DECEASED: (First) Clifford	(Middle) Eugene Hollar		4. DATE (Month) OF Aug.	(DRy) (Year) 23 1955
RACE: WIDO	LE, MARRIED, 8. DATE WED, DIVORCED, 10b. KIND OF BUSINESS OF INDUSTRY:	9-1871	8h Ald yrs. Mont	DER 1 YEAR IP UNDER 24 HRS. hs Days Hours Min.  12. CITIZEN OF WHAT COUNTRY?
even if retired): Carpenter	Contruction	Frederick		
13. FATHER'S NAME:		14. MOTHER'S MAID		
Henry Holland		Mary Holland		rried name
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	None Ma	ry Holland I	RESS: I6 w. All Saints	s St.
I. DISEASES OR CONDITIONS DIRECTL 442X Immediate cause	18. MEDICAL CERTIFICATION OF LEADING TO DEATH		ge.	Interval Between Onset And Death
Antecedent causes (s)		Rener & Do	ge envlor plum	e 10 qus
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but related to the disease or condition causin	not			
	R FINDINGS OF OPERATION			20. AUTOPSY ?
				Yes No
21. ACCIDENT (Specify) PLA OF HOMICIDE	CE (Home, farm, factory, street office bldg., etc.) JRY	(CITY OR TOWN	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Ilour) OF INJURY m.	INJURY OCCURED While at Not While Work At Work	HOW DID INJURY	OCCUR?	
22. I hereby certify that I attended to alive on 8-32, 1955, and SIGNATURE  3. BURNAL CREMATION, DATE THER	that death occurred at (Degree or title)  EOF   NAME OF CEMETE	8:10-A.M, from		date stated above.  DATE SIGNED  8-23-55  or county) (State)
Burial Aug. 26.	1955 Fairview	24. FUNERAL DIRECT		ADDRECC

A15 VS. PLEASE WRITE

RUG SE 1955

BUREAU V. S.

42	MARYLAND STATE DEPARTMENT OF	HEALTH—BALTIMORE, 18	Reg. Dist.
corre	MEDICAL EXAMINER'S CER	TIFICATE OF DEATH	No
10	I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
以中华	COUNTY FREDERICK MARYLAND	STATE MD. COUNTY BAL	10.
carefully. The	CITY (If outside corporate limits, write RURAL   LENGTH OF STAY   OR and give nearest town) (in this place)	CITY (If outside corporate limits write RURAL and OR TOWN 73/1/176	0
d ref	HOSPITAL OR	STREET (If rural, give location)	3V01-4
n ca	INSTITUTION OR DAM. FRED K MEMORIAL HOSP.	ADDRESS 629 N. AUGUST	A AVE
f information death clearly	3. NAME OF DECEASED: (Type or Print) (First) (Middly) (Middly)	(Last) 4. DATE (Month) (Da)	y) (Year)
9-E	5. SEX:   6. COLOR OR   7. SINGLE, MARRIED,   8. DAT	agae 1	YEAR   IF UNDER 24 HRS
inti	M. RACE: WIDOWED, DIVORCED, (Specify): DIVORCED MAI	R. 2 1905 58 yrs. Months D	ays Hours   Min.
rG m of i	10a. USUAL OCCUPATION (Give kind of work done during most of work life, INDUSTRY:	R 11. BIRTHPLACE (State or foreign country): 12	CITIZEN OF WILA
INC Se m	even if retired): ENGINEER PENNA, R.R.	BALTO, MD,	COUNTRY
EBINDIN every iter he causes	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
BIII ver	CHARLES C. HUGHES	JENNIE CARRICA	
the the	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of	17. INFORMANT & ADDRESS:	
Supply write	service)	MRS JENNIE HUGHES, 629	N. AUGUSTA
Su	I8. MEDIC. I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	AL CERTIFICATION	INTERVAL BETWEEN
ERVI INK.	Immediate cause (a) Fractishe of	consis Obsertations	ONSET AND DEATE
SEI IN ples	Immediate cause (a)	Corruction Ce	
63 65	Antecedent cause(s)	I chest will	Mundes
N	Diseases or conditions, if any, (b) giving rise to the above cause DUE TO	10 - 0	
ARGIN UNFAD Physicia	stating underlying cause last (c)	ils, Fractione of the land	
	II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	w man	
TH	DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION:   19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY?
WI			Yes 🗆 No 🔯
ILY, WITH important.	2Ia. EXTERNAL CAUSE WAS PRIMARY Of CONTRIBUTING OF Street of color of the color of	21c. (City or town) (County)	1. Mil
RITE PLAIN is especially	2Id. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF While at work work work work	211. HOW DIT INJURY OCCUR?	le unto
PL	22. I hereby tertify that I took charge of the remains descri	bed above, held an Autopsy . Inspection P	. Inquiry   an
ES S	find that death resulted from: Natural causes [], Acci-		
RITI	SIGNATURE	CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	DATE SIGNED
age A	Blothermas	M. D. ASSISTANT MEDICAL EXAM.	ang. 17-55
SE	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER	RY OR CREMATORY LOCATION (City, town, or co	ounty) (State)
EA	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. YUNERAL DIRECTOR	ADDRESS
i i	REG. 1 T CT 32 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	aline the mark	The same and

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445211 TALLES OF BUILDING TO STATE OF THE STATE OF TA ATTOON AND MARKET The Company of the same M. TO. THE PROPERTY AND THE ST. W. ENGINEER PENNA. R. T. COLT. FORDE EMARKET U. HUREKET LIEUNIE CHTENK MARKET LEVEL SERVICE SERVICE SERVICE SERVICES SERVICES 300 I Charles to the State of THE STATE ASSEMBLE FOR ALLERY

# CERTIFICATE OF DEATH

Item 21 Film G186 9-8-55 ams

FOR MEDICAL EXAMINERS

Reg. Dist. No. | 3|

I. PLACE OF DEATH- COUNTY Foderick  CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY   OR give nearest town) Prown  HOSPITAL OR INSTITUTION OR STREET ADDRESS  3. NAME OF DECEASED (Type of Print)  G. SEX  6. COLOR OR RACE (NEWHOUSE)  White  White  White  White  White  Sept. 8. DATE OF BIRTH  19. AGE last birthday   It under 1 year   Months   Days   Months   Days   Months   Days   Months   Months   Days   Days   Months   Days   Da
Frederick  City (If outside corporate limits, write RURAL and LENGTH OF STAY) OR give nearest town) Frederick  HOSPITAL OR INSTITUTION OR STREET ADDRESS  3. NAME OF CITY (If outside corporate limits, write RURAL and give nearest town) OS STREET ADDRESS  3. NAME OF CITY (If outside corporate limits, write RURAL and give nearest town) OS STREET ADDRESS  3. NAME OF CITY (If outside corporate limits, write RURAL and give nearest town) OS STREET ADDRESS  3. NAME OF CITY (If outside corporate limits, write RURAL and give nearest town) OR
OR give nearest town) Frederick (In this place) HOSPITAL OR INSTITUTION OR STREET ADDRESS  3. NAME OF OF (First) PATRICIA  1. EWIS  5. SEX 1. COLOR OR RACE Female White  1. SINGLE, MARRIED, (Specify) Single (Specify) Single (Specify) Single  1. SINGLE, MARRIED, (Specify) Single (Specify) Single  1. SINGLE, MARRIED, (Specify) Single  1. SPOTE OF BIRTH Sept. 8. 1953  1. PATRICIA LEWIS  5. SEX 1. COLOR OR RACE White  1. SINGLE, MARRIED, (Specify) Single (Specify) Single  1. SPOTE OF BIRTH Sept. 8. 1953  1. PATRICIA  1. BIRTHFILACE (State or foreign country) INDUSTRY  Tennessee  1. Hours Min Months Days Hours Months Days Hours (Country) USA  1. INFORMANT AND ADDRESS (Yes, no, or unknown) (It yes, give war or dates of service)  1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  1. DISEASES OR conditions, if any, (b) giving rise to the above cause stating the underlying cause last.
HOSPITAL OR INSTITUTION OR STREET ADDRESS  3. NAME OF DECEASED Type or Print) FOR THE CIA Type Type Type Type Type Type Type Type
HOSPITAL OR INSTITUTION OR STREET ADDRESS  3. NAME OF DECEASED Type or Print) FOR THE CIA Type Type Type Type Type Type Type Type
3. NAME OF (First) (Middle) (Last) (Another Country) (Part of Print) (Middle) (Last) (Pirst) (Middle) (Last) (Pirst) (Month) (Day) (Part of Part of Pa
3. NAME OF DECEASED (First) (Middle) (Last) (A DATE (Month) (Day) (Year) DECEASED (Type or Print) PATRICIA LEWIS (EHNE OF DEATH AUgust 27 19 5 5 5 SEX 6. COLOR OR RACE WHOWED DIVERCED, Specify Single (Specify)
DECEASED (Type or Print) PATRICIA LEWIS KEHNE DEATH AUGUST 27 19 5  5. SEX
5. SEX Female White Sept. 8. DATE OF BIRTH Sept. 8. DATE OF BIRTH Female White Sept. 8. 1953  1 yrs. Months Days Hours Min (Specify) Single Sept. 8. 1953  1 yrs. Months Days Hours Min (Specify) Single Sept. 8. 1953  1 yrs. Months Days Hours Min Sept. 8. 1953  1 yrs. Months Days Hours Min Hours Min Tennessee  13. FATHER'S NAME Dr. John H. Kehne  14. MOTHER'S MAIDEN NAME Mildred Lewis Kehne 15. Was Discassed Ever In U.S. Asmed Forcist? (Yes, no, or unknown) [Cli yes, give war or dates of service)  16. Social Security No. 17. Informant and address Dr. John H. Kehne — Memphis, Tennessee  18. Medical certification  Interval Between Onset and Deate
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. Kind of Business or II. Birthplace (State or foreign country)  Tennessee  11c. Country?  Tennessee  11c. Mother's Maiden Name  Mildred Lewis Kehne  11c. Social Security No.   17c. Informant and address of   17c. Informant and address   17c. Information   17c. Informatio
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. Kind of Business or II. Birthplace (State or foreign country)  Tennessee  11c. Country?  Tennessee  12c. Citizen of What Tennessee  13. Father's name  Dr. John H. Kehne  14. Mother's Maiden name  Mildred Lewis Kehne  15. Was Declared Ever in U.S. Armed Forces? (Yes, no, or unknown) (It yes, give war or dates of service)  16. Social Security No.  17. Informant and address  Dr. John H. Kehne - Memphis, Tennessee  18. Medical Certification  Interval Between Onset and Death  Jacobs Company (a)  Antecedent cause(s)  Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
done during most of working life, even if retired)  INDUSTRY  Tennessee  13. FATHER'S NAME  Dr. John H. Kehne  15. Was Deceased Even in U.S. Armed Forces? (Yes, no, or unknown) (II yes, give war or dates of service)  16. Social Security No. 17. INFORMANT AND ADDRESS (Yes, no, or unknown) (II yes, give war or dates of service)  18. MEDICAL CERTIFICATION  INTERVAL Between Onset and Death Onset and
13. FATHER'S NAME  Dr. John H. Kehne  15. Was Decrased Ever in U.S. Armed Forces? (Yes, no, or unknown) (II yes, give war or dates of service)  16. Social Security No. 17. INFORMANT AND ADDRESS (Yes, no, or unknown) (II yes, give war or dates of service)  18. Medical Certification  Interval Between Onset and Deate Onset of the above cause stating the underlying cause last
Dr. John H. Kehne  15. Was Decrared Even in U.S. Armed Forces? (Yes, no, or unknown) (II yes, give war or dates of service)  16. Social Security No. 17. Informant and address Dr. John H. Kehne - Memphis, Tennessee  18. Medical Certification  18. Medical Certification  19. John H. Kehne - Memphis, Tennessee  18. Medical Certification  19. John H. Kehne - Memphis, Tennessee
15. Was Decased Ever in U.S. Armed Forces? (Yes, no, or unknown) (II yes, give war or dates of service)  16. Social Security No. 17. INFORMANT AND ADDRESS Dr. John H. Kehne — Memphis, Tennessee  18. Medical Certification  19. Diseases or conditions directly Leading to Death Onset and Deate Onset and Deate Onset and Deate Onset of the above cause stating the underlying cause last
(Yes, no, or unknown) (It yes, give war or dates of pr. John H. Kehne - Memphis, Tennessee  18. Medical certification  I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  9290 Immediate cause  Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
INTERVAL BETWEEN  I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  ONSET AND DEATH  Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  Immediate cause  (a)  Antecedent cause(s)  Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH    Commediate cause   Commediate cause
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last
Diseases or conditions, if any, (b)
Diseases or conditions, if any, (b)
giving rise to the above cause atating the underlying cause last
(c)
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not
related to the disease or condition causing death.
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY?
Yes No S
21. EXTERNAL CAUSE WAS   PLACE (Home, Isrm, factory, street, PRIMARY OR CONTRIBUTING OF Office bldg., etc.)
CAUSE OF DEATH. INJURY HOME FREGERICK MG.
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED   HOW DID INJURY OCCURPED   in fish pond about
OF INJURY m. Work at work 20 inches deep - no one in yard with child
at the time of accident.
22. I certify that I took charge of the remains described above, held an Autopsy [], Inspection R. Inquiry [] thereon and from the evidence
obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted
from: natural causes [] accident [2], suicide [], homicide [], undetermined [].  SIGNATURE (Degree or title) ADDRESS DATE SIGNED
BAThanson A & I by Transferred, Md 8/29/30
Blothermacho Defentifretical Burmer ", Md 0/29/55
23. BURIAL, CISMAPION I DATE THEREOF I/NAME OF CEMETERY OR CREMATORY I LOCATION (City, fown, or county) (State)
District (Supplied )
Burial August 29,1955 Mount Olivet Cemetery Frederick, Maryland
Burial August 29,1955 Mount Olivet Cemetery Frederick, Maryland  DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS
Burial August 29,1955 Mount Olivet Cemetery Frederick, Maryland

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age

WHE SO IDES

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7729

OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

PLEASE TYPE

A15-10-53

VS.

MARGIN RESERVED FOR BINDING

### CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	):
county Frederick MARYLAND	STATE Maryland COUNTY Frede	erick
CITY (If outside corporate limits, write RURAL or stay and give nearest town)  // Frederick  LENGTH OF STAY (in this place)	CITY(If outside corporate limits, write RURAL as	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 45 East Fifth Street	STREET (If rural give location) ADDRESS 45 East Fifth Street	eet
DECEASED	(Last) 4. DATE (Month) (I OF DEATH: August	Ony) (Year) 29, 1955
	OF BIRTH: 9. AGE last birthday   IF UNDER 1 Y	EAR IF UNDER 24 HRS.  Rys Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired lanitor  10B. KIND OF BUSINESS OR INDUSTRY:  Electric Co.	11. BIRTHPLACE (State or foreign country):   12.	CITIZEN OF WHAT
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
John C. Kolb Sr.	Adora Gilster	
15. WAS DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY No.	17. INFORMANT & ADDRESS: 15 East Fi	fth Street,
(Yes, no, or unk.) (If Yes, give war or dates of service) NO 215-20-8013	Mrs. Annie Y. Kolb, Frederick,	Maryland
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  IMMEDIATE CAUSE  ANTECEDENT CAUSE (S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)	lychneshritis	3 wester
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Jour Landson	- Juguen
19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N	20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor or contributing 21B. PLACE (Home, farm, factor of injury street, office bldg., (if either, notify medical examiner)	tory, etc. 21c. WHERE DID (City or town) (Count INJURY OCCUR?	y) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jaly alive on 19 Ang., 1953, and that death occurred at SIGNATURE	9:50A.M, from the causes and on the date and ADDRESS DAT	
	ERY OR CREMATORY   LOCATION (City, town, or	
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS

SEP 2 1955

BECEINED

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4 6 3 9	CERTIFICATI	E OF DEATH Reg. 1	Dist. No. 131
1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECE	ASED:
county Frederick	MARYLAND	STATE Maryland COUNTY Fr	ederick
CITY (If outside corporate limits, wright and give nearest town)  Frederick	te RURAL LENGTH OF STAY (in this place) 2 Days	OR TOWN Doubs	AL and give nearest town
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick	Memorial Hospital	STREET (If rural give local	tlon)
3. NAME OF (First)	(Middle)	(Last) 4. DATE (Month)	(Day) (Year)
DECEASED: (Type or Print) LOUISE	MARGARET LO	OUTHAN OF DEATH: Augu	st 9, 1955
RACE: WHO	owed, divorced, s. Date (March): Married	OF BIRTH: 9. AGE last birthday IF UNDI Month.  19.1900 55 yrs.	
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even HOUSEWIFE	IOB. KIND OF BUSINESS OR INDUSTRY:	II. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHATCOUNTRY? USA
HOUSEWIFE 13. FATHER'S NAME:	Home	Virginia	USA
	14		
Albert W. Wal		Daisy Crim	
(Yes, no, or unk.) (If Yes, give war or dat of service) NO		Mr. William H. Louthan, Dou	bs, Maryland
	18. MEDICAL CERTIFICAT	TION	INTERVAL BETWEE
IMMEDIATE CAUSE  ANTECEDENT CAUSE (S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) Orterioral DUE TO directe.	estic Coronary heart	? yor
II OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING	CONTRIBUTING TO THE		
	OR FINDINGS OF OPERATIO	N	20. AUTOPSY?
			YES NOT
21A. ACCIDENT WAS UNDERLYING	21B. PLACE (Home, farm, fac OF INJURY street, office bldg.,	tory, 21c. WHERE DID (City or town) (City or town) etc. INJURY OCCUR?	County) (State)
21D. TIME (Month) (Day) (Year) (Hou OF INJURY	While Not while	21F. HOW DID INJURY OCCUR?	
/-	and that death occurred at	5:45AM, from the causes and on the de ADDRESS	
23. BURIAL, CREMATION, DATE THE	REOF NAME OF CEMET	ERY OR CREMATORY LOCATION (City, tow	
Burial Aug.12		et Cemetery Frederick,	
DATE REC'D BY LOCAL REGISTRA REGISTRAR 10 001, 1955	ar's signature	M. R. Etchison & Son, Frede	erick, Maryland

VS.

BUREAU K. E.

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BECEINED

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEAS	
COUNTY Frederick	MARYLAND	STATE Maryland COUNTY Fre	derick
	write RURAL LENGTH OF STAY (in this place) 50 Years	CITY(If outside corporate limits, write RURA) OR Frederick	L and give nearest town
HOSPITAL OR INSTITUTION OR STREET ADDRESS 321 Eas		STREET (If rural give location ADDRESS 321 East Patrick St	
3. NAME OF (First) DECEASED:	(Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) AMELIA		CGILL DEATH: Augu	st 1, 1955
Female   6. COLOR OR   7. RACE: White	WIDOWED DIMORESD.	t 1870   9. AGE last birthday   15 UNDER   Months   Months	
DA. USUAL OCCUPATION (Give kin work done during most of working even if retired): House-work	life. OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 1 VIRGINIA	2. CITIZEN OF WHA COUNTRY? USA
3. FATHER'S NAME:		14. MOTHER'S MAIDEN NAME:	
Unknown		Margaret D. Everhart	
S. WAS DECEASED EVER IN U.S. ARMED (Yes, no, or unk.) (If Yes, give war o			E. Patrick St
No of service)	None	Mrs. Earl F. Fleischman, Fre	derick, Md.
IMMEDIATE CAUSE  ANTECEDENT CAUSE (\$)  DISEASES OR CONDITIONS, IF ALL GIVING RISE TO THE ABOVE CAU	JSE DUE TO	tensir heart diane	9 day
ANTECEDENT CAUSE (S)  DISEASES OR CONDITIONS, IF AN GIVING RISE TO THE ABOVE CAUSTATING UNDERLYING CAUSE L.  II OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELA	DUE TO  NY. (B) USE DUE TO  (C) ONS CONTRIBUTING TED TO THE	turis heart diase	9 day
ANTECEDENT CAUSE (\$)  DISEASES OR CONDITIONS, IF AI GIVING RISE TO THE ABOVE CAUSTATING UNDERLYING CAUSE L.  II OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELAUSE OR CONDITION CAU	DUE TO  NY. (B) USE DUE TO  (C) ONS CONTRIBUTING TED TO THE	tensor heart deare	20. AUTOPSY7
ANTECEDENT CAUSE (\$)  DISEASES OR CONDITIONS, IF AI GIVING RISE TO THE ABOVE CAUSE LITTO THE SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELADISEASE OR CONDITION CAUSE OF OPERATION: 198.  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	DUE TO  NY. (B) USE DUE TO  (C) ONS CONTRIBUTING TED TO THE SING DEATH.  MAJOR FINDINGS OF OPERATION  MAJOR FINDINGS OF OPERATION  ATH OF INJURY street, office bldg	ctory, 21c. WHERE DID (City or town) (Co	
ANTECEDENT CAUSE (S)  DISEASES OR CONDITIONS, IF AI GIVING RISE TO THE ABOVE CAUSTATING UNDERLYING CAUSE L.  II OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELADISEASE OR CONDITION CAU	DUE TO  NY. (B) USE AST. (C) ONS CONTRIBUTING TED TO THE SING DEATH.  MAJOR FINDINGS OF OPERATION ATH OF INJURY street, office bldg	ctory, 21c. WHERE DID (City or town) (Co., etc. INJURY OCCUR?	YES NOW
ANTECEDENT CAUSE (S)  DISEASES OR CONDITIONS, IF AI GIVING RISE TO THE ABOVE CAU STATING UNDERLYING CAUSE L.  II OTHER SIGNIFICANT CONDITI TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAU  19A. DATE OF OPERATION: 19B.  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21D. TIME (Month) (Day) (Year) OF INJURY  22. I hereby actify that I atte	DUE TO  NY,  (B)  JSE  DUE TO  (C)  ONS CONTRIBUTING  TED TO THE  SING DEATH.  MAJOR FINDINGS OF OPERATION  (Hour)  MATH  (Hour)  MATH  MICHIGAN  MICHIGAN	ctory, 21c. WHERE DID (City or town) (Control INJURY OCCUR?  D 21f. HOW DID INJURY OCCUR?  3, 1951, to 1955P M, from the cruses and on the day Address  M.D. Frederick, Maryland 2 A	yes Now
ANTECEDENT CAUSE (S)  DISEASES OR CONDITIONS, IF AI GIVING RISE TO THE ABOVE CAU STATING UNDERLYING CAUSE L.  II OTHER SIGNIFICANT CONDITI TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAU  19A. DATE OF OPERATION: 19B.  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21D. TIME (Month) (Day) (Year) OF INJURY  22. I hereby entify that I atterative on the signature  23. BURIAL, CREMATION, DATE	DUE TO  NY,  (B)  JSE  DUE TO  (C)  ONS CONTRIBUTING  TED TO THE  SING DEATH.  MAJOR FINDINGS OF OPERATION  (Hour)  MATH  (Hour)  MATH  MICHIGAN  MICHIGAN	ctory, 21c. WHERE DID (City or town) (Control of the control of th	ounty) (State)  ast saw the decease te stated above.  DATE SIGNED  ug 1955  or county) (State)

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	PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The	age is especially important. Physicians: please write the causes of death clearly and legibly,
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7751 CERTIFICATI	E OF DEATH Reg. Dist.	No
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Frederick MARYLAND	STATE Maryland COUNT	ryFrederick
OR and give nearest town)  Rural - Nr. Frederick  O years		
HOSPITAL OR INSTITUTION OR STREET ADDRESS R. F. D. # 5 - Frederick	STREET (If rural give location)  R. F. D. # 5	1
3. NAME OF (First) (Middle) DECEASED: (Type or Print) NETTIE K. V.	(Last) 4. DATE (Month) (Day) MANTZ OF DEATH: August 22	(Year) 1955
	OF BIRTH: 9. AGE last birthday: If UNDER 1 YE	
10a. USUAL OCCUPATIONGive kind of work done during most of working life,  Book officiary operator  13. FATHER'S NAME:  Printing office	R   11. BIRTHPLACE (State or foreign country):   12. C	ITIZEN OF WHAT OUNTRY? USA
William E. Main	Elizabeth Colliflower	
15 WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY No.:   17. (Yes, no, or unk.)   (If Yes, give war or dates of	. INFORMANT & ADDRESS: rs. F. Walker Chapman - Rt. 5 - Fi	rederick.Md.
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  Immediate cause  (a)	je Cardis vascular disease	Onset And Death 3 clays
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	- cystifis	
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street OF office bldg., etc.) INJURY	t, (CITY OR TOWN) (COUNTY) (S	TATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURED  OF  INJURY Mile at Not While  Work ☐ At Work ☐	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	8:00 P.M. from the causes and on the date s	
J. Welcorbian m. D		123/17
	vet Cemetery Frederick,	Maryland
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR C. E. Cline & Son - 8 East Patric	ADDRESS ck Street
	Frederick, M.	

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PERSONAL PROPERTY OF THE PROPE

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VS. A15

MARYLAND STATE DEPARTM	ENT OF HEALTH—BALTIMORE, 18	07717
7732 CERTIFICA	TE OF DEATH Reg. Dist	No. 131
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
	STATE Maryland COU	NTY Frederick
CITY (If outside corporate limits, write RURAL LENGTH OF ST (in this place)  Frederick 10 years	CITY (If outside corporate limits, write RURAL a	and give nearest town
HOSPITAL OR INSTITUTION OR STREET ADDRESS 113 East Third Street	STREET (If rural give location ADDRESS 113 East Third Street	1)
3. NAME OF (First) (Middle) DECEASED: (Type or Print) HARRY EDWARD	(Last) 4. DATE (Month) (Da OF MOHLER DEATH: August 30	
5. SEX: S. COLOR OR RACE: WHOWED, DIVORCED, (Specify): Married June	TE OF BIRTH: 9. AGE last birthday: If UNDER I Months E	YEAR IF UNDER 24 HRS Days Hours Min.
10a. USUAL OCCUPATION Give kind of 10b. KIND OF BUSINESS	S OR II. BIRTHPLACE (State or foreign country): 12.  Maryland	CITIZEN OF WHA COUNTRY? USA
even If retired) Represenative Insurance  13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	OJA
Thomas J. Mohler	Laura V. Tucker	
15 Was Deceased Ever In U.S. Armed Forces (Yes, no, or unk.) (If Yes, give war or dates of No 216-01-7354		Maryland
Immediate cause  Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.  (a) (b) DUE TO  DUE TO	Trema Vera	Onset And De
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	schröhe Weart Disens	16 m
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATIO	ON	20. AUTOPSY
2I. ACCIDENT (Specify) PLACE (Home, farm, factory, st office bldg, etc.) INJURY	treet, (CITY OR TOWN) (COUNTY)	Yes No No (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not While INJURY Mork At Work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from alive on 1955, and that death occurred at SIGNATURE (Degree or title)  23. BURIAL GREMATION DATE THEREOF NAME OF CEMI	2:30 P.M., from the causes and on the date ADDRESS  ETERY OR CREMATORY LOCATION (City, town, or company)	stated above. ATE SIGNED  Ounty) (State)
Burial Sept. 2, 1955 Mount Oli	ivet Cemetery   Frederick,  24. FUNERAL DIRECTOR  C. E. Cline & Son - 8 East Pati	Maryland  ADDRESS  rick Street
1 sept. 1133 Chamber S. West.	Frederick,	

SEP 6 1955

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# CERTIFICATE OF DEATH

Reg. Dist. No. 144

1. PLACE OF DEATH. Frederick	2. USUAL RESIDENCE (HOME) OF DECEASED.	7
Thurmont Md Rt #1 MARYLAND	Ma yland Fr	ederick
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give	re nearest town)
X TOWN Thurmont, Md. Rural Life this place)	TOWNThurmont, Md. Rural	X
HOSPITAL OR	STREET (If rural, give location)	1
INSTITUTION OR STREET ADDRESS	ADDRESS	
3. NAME OF (First) (Middle)	(Lest) 4. DATE (Month)	(Day) (Year)
OECEASED LILLIE BELL MO	RNINGS TAK DEATH MUGUST	.2. 19 55
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	8. DATE OF BIRTH   9. AGE last birthday   Il under.	I year   If under 24 hrs.
_ WIDOWED, DIVORCED,	Jan.24.1897 58 yrs. Months.	Days Hours Min.
Female White (Specify)Widowed  10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business or		CITIZEN OF WHAT
done the ing most of working life, even if retired house	Thurmont, Md .Rural	Con SX
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	Susan E.Stiner	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no, or unknown)   (If year, give war or dates of	Viola S.Click Thurmont, M	d Rural
No service) None	VIOLE DIOLICE PHONE MONEY	or british ora
18. MEDICAL CEI	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	0 1	ONSET AND DEATH
526 Conceptive Cardigo	- failure	4 years
Immediate cause (a)		0
Antecedent cause(s)		Or .
Diseases or conditions, if any, (b)	XI.	Orgean
giving rise to the above cause	0	
stating the underlying cause last (c)	englusema	Ityean
II. OTHER SIGNIFICANT CONDITIONS	4	0
Conditions contributing to the death but not related to the disease or condition causing death.	•	
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No P
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	(STATE)
SUICIDE OF office bldg., etc.) HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF   While at Not While   INJURY   m.   Work   At work		
14.	1 1/2 1 Aug 55	
22. I hereby certify that I attended the deceased from	1, 1947, to 2 Aug., 1955, that I last s	aw the deceased
alive on August 1955 and that death occurred at	3: 30 Am., from the causes and on the date st	atad ahawa
alive on	ADDRESS A	DATE SIGNED
SIGNATURE S AGORDON MA	Valbersille, m. 1	august 1955
23. BURIAL, CREMATION DATE NAME OF CEMETER	RY OR CREMATORY   LOCATION (City, town, or coun	41/41/03
DEMONAT (Specify)		
	24. FUNERAL DIRECTOR	ADDRESS
	M.L. Creager and Son Thurmon	
aug. 31455 Blanche S. Eyler	M.T. or oafer and bon Indimor	10 3 24/4 .

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BECEINED.

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CERTIFICATE OF DEATH

Reg. Dist. No. I. PLACE OF DEATH: USUAL RESIDENCE (HOME) OF DECEASED: COUNTY Frederick COUNTY Frederick STATE Maryland MARYLAND CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place) CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick Frederick vears HOSPITAL OR STREET (If rural give location) INSTITUTION OR ADDRESS 115 West Third Street STREET ADDRESS 115 West Third Street 3. NAME OF (Middle) (Last) 4. DATE (Month) (Day) (Year) (First) DECEASED: OF 1955 OSBURN DEATH: August (Type or Print) WITLI.TAM WARNER 5. SEX: SINCLE, MARRIED, WIDOWED, DIVORCED; 9. AGE last birthday: If UNDER 1 YEAR | iF UNDER 24 HRS S. COLOR OR 8. DATE OF BIRTH: RACE: Days Months Hours (Specify): Widowed Male White October 4, 1871 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR IOa. USUAL OCCUPATION..Give kind of 11. BIRTHPLACE (State or foreign country): COUNTRY? work done during most of working life, even if retired): Musician INDUSTRY: Pennsylvania Music USA 13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME: Franklin Osburn Henrietta Warner 15 WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO.: | 17. INFORMANT & ADDRESS: (Yes, no, or unk.) | (If Yes, give war or dates of No service) Miss Laura S. Osburn - Frederick, Maryland 18. MEDICAL CERTIFICATION Interval Between I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Onset And Death Immediate cause Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause DUE TO stating the underlying cause last. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 20. AUTOPSY? 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION Yes No 21. ACCIDENT SUICIDE (CITY OR TOWN) (COUNTY) (STATE) (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURED HOW DID INJURY OCCUR? While at Not While INJURY At Work Work [ 22. I hereby certify that I attended the deceased from 1 - 1 19 5 to 5 - 3 - , 19 5 t, that I last saw the deceased alive on 3 , and that death occurred at ... 2 , from the causes and on the date stated above. SIGNATURE (Degree of title) LOCATION (City, town, or county) BURIAL, GREMAT

Mount Olivet Cemetery

C.

24. FUNERAL DIRECTOR

Frederick.

E. Cline & Son - 8 East Patrick Street

Frederick, Maryland

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Burial (Specify)

DATE REC'D BY LOCALI

August 6,1955 Mg REGISTRAR'S SIGNATURE

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MARYLAND	STATE DEPARTMEN'	T OF HEALT	TH—BALTIMORE, 18	07750
7753	CERTIFICATE	OF DE	ATH Reg. Dis	t. No. 145
I. PLACE OF DEATH:		2. USUAL RESID	ENCE (HOME) OF DECEASED:	
COUNTY Frederick	MARYLAND	STATE M	aryland Freder	rick .
CITY (If outside corporate limits, write OR and give nearest town)  X TOWN Rural - Myersvil	(in this place)	OR	ide corporate limits, write RURAL ral Mversville	and give nearest town
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS	(If rural give locatio	n) /
3. NAME OF (First) DECEASED: (Type or Print) MARY	ELLA P	(Last) RYOR	4. DATE (Month) (Day OF DEATH: August	29 1955
RACE: WIDO	WED, DIVORCED,	ог віктн: .4,1873	9. AGE last birthday: If UNDER 1 81 yrs. Months	YEAR IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): HOUSEW1fe	10b. KIND OF BUSINESS OR INDUSTRY: Own Home	II. BIRTHPLACE	E (State or foreign country): 12.  Pick Co. Md. U.	CITIZEN OF WHAT
13. FATHER'S NAME:	OWIT HOME	14. MOTHER'S MA		·N ·N ·
Jacob Lewis		Celia An	n Hurlev	
15 WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unk.) (If Yes, give war or dates of	16. SOCIAL SECURITY No.: 17.	INFORMANT & Al	DDRESS:	
no service)	none Ru	fus C. Pr	vor. Myersville.	Md.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	<i>y</i> /	Front !	ang E gradus	b grs.
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but related to the disease or condition causing	not	47.		
	R FINDINGS OF OPERATION			20. AUTOPSY ?
				Yes No
2I. ACCIDENT (Specify) SUICIDE HOMICIDE (Specify) PLA OF INJL	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOV	VN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURED While at Not While Work ☐ At Work ☐	HOW DID INJUR	RY OCCUR?	
22. I hereby certify that I attended to alive an, 19.55, and SIGNATURE Comments of the signature of the	that death occurred at 9.	ideletos	m the causes and on the date	stated above.
REMOVAL (Specify) Burial Sept.1.1	955 Grossnickl	e s 4. Funeral dir	Frederick Co. M	ADDRESS
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maryland state department 7734 CERTIFICATE	, and I
	2. USUAL RESIDENCE (HOME) OF DECEASED;
	35 7 1 27 1 1 1
COUNTY Frederick MARYLAND	STATE Maryland county Frederick
CITY (If outside corporate limits, write RURAL and give nearest town)  Frederick  LENGTH OF STAY (in this place)  Years	CITY(If outside corporate limits, write RURAL and give nearest town) OR Frederick
HOSPITAL OR INSTITUTION OR STREET ADDRESS 215 East 4th Street	STREET (If rural give location) 215 East 15th Street
	ast) 4. DATE (Month) (Day) (Year)
DECEASED: (Type or Print) GILBERT FRANKLIN RAI	NES DEATH: August 25, 1955
5. SEX: 6. COLOR OR 7. SINCLE, MARRIED, RACE: WIDOWED, DIVORCED, 8. DATE O	9. AGE last birthday
	11. BIRTHPLACE (State or foreign country); 12. CITIZEN OF WHAT
work done during most of working life, OR INDUSTRY:	COUNTRY?
Machinist Electric Co. 1	Maryland USA
13. FATHER'S NAME:  Edward Raines	Ida May Norwood
(Yes, no. or Unk.) (II Yes, give war or dates )	irs. Alta R. Raines, Frederick, Maryland
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  HADO, O IMMEDIATE CAUSE  ANTECEDENT CAUSE (S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19A. DATE OF OPERATION:  19B. MAJOR FINDINGS OF OPERATION	non the bound onset and death  Diagram  20. AUTOPSY7 YES NOT
21a. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, farm, factor DR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bldg., et	y, 21c. WHERE DID (City or town) (County) (State) c. INJURY OCCUR?

21A. ACCIDE (IF EITHER, NOTIFY MEDICAL EXAMINER)

21E INJURY OCCURRED (Hour) 21D. TIME (Month) (Day) (Year) While OF INJURY

21F. HOW DID INJURY OCCUR? Not while at work at work M.

22. I hereby certify that I attended the deceased from 1, 1954 to 1.60 251955 that I last saw the deceased age and that death occurred at 8:30AM, from the causes and on the date stated above. alive on correct ADDRESS DATE SIGNED

SIGNATURE Frederick, Maryland M. D. LOCATION (City, town, or county) (State)

23. BURIAL, CREMATION. DATE THEREOF NAME OF CEMETERY OR GREMATORY REMOVAL (SPECIFY) Pine Grove Cemetery Buria

Maryland Mount Airy

DATE REC'D REGISTRAR'S SIGNATURE BY LOCAL REGISTRAR

R. Etchison & Son, Frederick, Maryland

FUNERAL DIRECTOR

BECEINED

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BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE FLAINLY, W

tem 18 Film G186 9-8-55 ams

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 147

	Reg. Dist. No	)
I. PLACE OF DEATH- COUNTY Frederick MARYLAND		érick
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) New Windsor (3) Chisylis)	CITY (If outside corporate limits, write RURAL and give OR TOWN ruralNew Windsor	re nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location) ADDRESS nr Taylorsville	1
3. NAME OF DECEASED (First) (Middle) DECEASED (Type or Print) 5. SEX (5. COLOR OR RACE 17. SINGLE, MARRIED.	Chellan 4. DATE (Month) DEATH Signal	(Day) (Year)
male   1. COLOR OR RACE   7. SINGLE, MARRIED, WIDOWED DWORCE (Specify) WIOWED	J-27-10/7 OO yrs.	Days Hours Min.
done during most of working life, even if retired)  Tariner retired  10b. Kind of Business on Industry  Owner	Maryland	COUNTY? A.
13. FATHER'S NAME Charles Schellar	Margaret Glass	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of none) service)	Chas. E. Schellar, sam	ne
18. MEDICAL CE		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
33/X Immediate cause (a) Coronary Occlus	ion	à hr.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause	5	5 yrs +
stating the underlying cause last (c) Cerebral hemorr	hage	5 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		Yes No A
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	
alive on	ADDRESS  Address  Address	
REMOVAL (Specify) 8-20-1955 Taylors	24. FUNERAL DIRECTOR	cyland ADDRESS
Jug. 18, 1955 Clavier a - Kunkler	C. M. Waltz, Winfield,	Md.

BUREAU V. S.
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MARYLAND STATE DEPARTMENT OF HEALTH

### CERTIFICATE OF DEATH 7755

FOR MEDICAL EXAMINERS

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		FOR MEDICAL	DAMMINICIO	Reg. Dist. I	٧٥
1. PLACE OF DEAT	11.		2. USUAL RESIDENCE (		
COUNTY	ederick	MARYLAND	STATE	vland	Frederick
CITY (If outside c	orporate limits, write RUR.		CITY (If outside corpor	rate limits, write RURAL and	
X OR give nearest	town Wille	(in this place)	OR Adamst	town R. F. D. #1	(Rural) X
HOSPITAL OR	*IV WILLIA		STREET	(If rural, give location)	TRUCAL)
INSTITUTION OF	R Sears Road		ADDDESS	eenfield	
					(5)
3. NAME OF DECEASED	(First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print)	CHARLES	. EDWARD	SEARS	DEATH August	
5. SEX	6. COLOR OR RACE	7. SINGLE, MALERIAD.	8. DATE OF BIRTH	9. AGE last birthday   If und	er I year   If under 24 hrs. is   Days   Hours   Min.
Male	White	(Specify) Single	August 1,1884	/ yrm.	
10a. USUAL OCCUP	ATION (Give kind of work	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT
Farming	vorking life, even if retired)	Industry Owner	Maryland		COUNTRY?
13. FATHER'S NAM			14. MOTHER'S MAIDE	NAME	
Wi]	lliam Thomas Se	ars	Sarah	J. Nichols	
15. WAS DECRASED E	VER IN U.S. ARMED FORCES	7   16. SOCIAL SECURITY No.	17. INFORMANT AND		
(Yes, no, or unknown)	(If yes, give war or dates of service)	None	Fulton D. Seat	s, Adamstown, Ma	rvl and
	110	18. MEDICAL CE		D 11dd D OWIT MO	a y Laring
			RIFICATION		INTERVAL BETWEEN
	ONDITIONS DIRECTLY	LEADING TO DEATH	1		ONSET AND DEATE
420	· ·	descare	nowlass-a	~	Storm
Immediai	e cause (x)	-(	-		,
	nt cause(s)	BF BW			52-
	conditions, if any, (b)	1 3 m look to the San So Laborathing	La L		
	inderlying cause last				
	(e)				1
	CANT CONDITIONS				
related to the disea	uting to the death but not se or condition causing deat	h.			
		FINDINGS OF OPERATION			20. AUTOPSY?
					Yes II No XX
21. EXTERNAL CA	USE WAS   PLA	CE (Home, farm, factory, street,	(CITY OR	TOWN) (COUNT	Seed .
PRIMARY OR CO	ONTRIBUTING OF INJU	office bidg., etc.)			
	(Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY OF	CCUR?	
OF		While at Not while	Now Die Internet		
INJURY	m,	work at work			
22. I certify that I	took charge of the rema	ins described above, held an A	utopsy Inspection	Inquiry A thereon and	d from the evidence
obtained by sai	d Autopsy, Inspection of	LInquiry, find that said dece	ased died on the dry stat	ed above, and death in m	y opinion resulted
from: natural	l causes 🔊 accident [	, suicide [], homicide [],	undetermined .		
SIGNATURE	1	(Degree or title)	ADDRESS		DATE SIGNED
1/-	3 126	N Dace	Fradonials Mar	and on a	12/2022
23. BURIAL, CREM	ATION   DATE THEREO	OF INAME OF CEMETE	RY OR CREMATORY	ryland 8 LOCATION (City, town, or con	/3/1955 unty) (State)
REMOVAL (Spec	rify)				
Birial	Aug. 6.79	Monocacy	Cometery 24. FUNERAL DIRECT	Beallsville, Mar	ryland
DATE REC'D BY	LOCAL REGISTRARS	SIGNATURE			
4 Reguest 12	135   Electret	e 3. Teck	M. R. Etchis	on & Son Frederi	ck, Maryland

AUG 8 1955

BECEINED

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07754

7753 CERTIFICATE OF DEATH

Reg. Dist. No. 145

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
county Frederick MARYLAN	state Maryland Frederick county
CITY (If outside corporate limits, write RURAL LENGTH OF	STAY CITY (If outside corporate limits, write RURAL and give nearest tow
X and give nearest town)  X TOWN Rural Myersville 4 year	lace) OR
HOSPITAL OR	S Rural - Myersyille X STREET (If rural give location)
INSTITUTION OR STREET ADDRESS	ADDRESS
NO THEEL MAKESO	Route # 1
3. NAME OF (First) (Middle) DECEASED: (Type or Print) ANNA SMITH	(Last) 4. DATE (Month) (Day) (Year) OF AUGUST 6 19 55
	DATE OF BIRTH: DEATH: AUGUST 6 19 55
RACE: WIDOWED, DIVORCED,	uly 4. 1908 47 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION Give kind of   10b. KIND OF BUSIN	IESS OR   II. BIRTHPLACE (State or foreign country);   12. CITIZEN OF WHA
work done during most of working life, even if retired) Housewife Own Home	Towin County Kontucky II S A
13. FATHER'S NAME:	Lewis County, Kentucky, U.S.A.
David Smith	Ella Alafare Broomfield
I5 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY N (Yes, no, or unk.) (If Yes, give war or dates of	17. INFORMANT & ADDRESS:
no service) none	Charles B. Setters, Myersville, Md.
18. MEDICAL CERTI	FICATION Interval Betw
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEAT	Onset And De
170X Den ma	Cerebral 1/2 dea
Immediate cause  (a)  DUE TO	y way
Antecedent causes(s)	Air as in a la de la de la de
Diseases or conditions, if any, giving rise to the above cause	and Caganoral to I a dura less
stating the underlying cause last. DUE TO	14, 1 - 0 2
(c) from co	remand of the weeker :
1. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	
related to the disease or condition causing death.	
9a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERA	ATION 20. AUTOPSY
1 40000000	Yen No 🗆
ACCIDENT (Specify) PLACE (Home, farm, factory OF office bldg., etc.)	y, street, (CITY OR TOWN) (COUNTY) (STATE)
HOMICIDE	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not Wh	HOW DID INJURY OCCUR?
1NJURY m.   Work   At Wor	rk D   C O
22. I hereby certify that I attended the deceased from	12/1953, to Clust 5, 195 J, that I last saw the decease
alive on 1, 19.5 , and that death occurred	at 12 N from the causes and on the date stated above.
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
Senith (! Alien	hindal 1 Host hil 8/6/55
3. BURIAL, CREMATION, DATE THEREOF NAME OF CH	EMETERY OF XXEMATORY   LOCATION (City, town, or county) (State)
Removal (Specify) Aug. 9, 1955 Black	Foak Vanceburg Lewis Co. Kv.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
aug 9,1955+ Flow M. Det	Paul F. Bittle, Myersville, Md.
711	

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BUREAU V. S.

SIGN OF BON

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of information carefully death clearly and legibly.

ly every item the causes of d

Supply Write

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charies Street, Baitimore

### CERTIFICATE OF DEATH

Reg. Dist. No. 1. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED-Carrolqunty COUNTY Maryland Frederick MARYLAND CITY (If outside corporate limits, write RURAL and LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) Life place) Rural Emmitsburg TOWN Rural-Emmitsburg TOWN HOSPITAL OR INSTITUTION OR STREET (If rural, give location) ADDRESS TSTREET ADDRESS 3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day) (Year) DECEASED Six (Type or Print) Winton John DEATH August 1955 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Speelfy) Widowed 8. DATE OF BIRTH 6. COLOR OR RACE 9. AGE last hirthday If under 1 year | If under 24 hrs. Months | Days | Hours | Min. July 15, 1870 85
11. BIRTHPLACE (State or foreign country) Male White 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT Own Farm COUNTRY? .S.A. Farmer Marvland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Six Catherine Stambaugh 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 17. INFORMANT AND ADDRESS 16. SOCIAL SECURITY NO. (Yes, no, or unknown) | (If yes, give war or dates of Norman Six, Route #2. Emmitsburg. Md. service) none 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH (a) caronary reclasion Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY2 Yes [ 21. ACCIDENT SUICIDE PLACE (Home, farm, factory, street, OF office bldg., etc.) (Specify) (CITY OR TOWN) (COUNTY) (STATE HOMICIDE INJURY TIME (Month) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR? While at Not While INJURY Work At work T..., 192, that I last saw the deceased 22. I hereby certify that I attended the deceased from the state of th and that death occurred at ..... alive on. .....m. from the causes and on the date stated above. SIGNATURE (Degree or title) ADDRESS DATE SIGNED 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) REMOVAL (Specify) August 7. 1955 Kevswille Cemeterv Keysville, Carroll Co., Md. DATE REC'D BY LOCAL + REGISTRAR'S SIGN 24. FUNERAL DIRECTOR ADDRESS C.O.Fuss & Son, Tameytown, Maryland

INK. NFADING 1 Physicians: 7, WITH U PLAINLY, is especially i WRIT PLEASE

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DECELVED
AUG 9 1955
BUREAU V. S.

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• • • • • • • • • • • • • • • • • • • •	recg. Dist.	
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Frederick MARYLAND	COUNTY Named and	TV Prood
CITY (If outside corporate limits, write RURAL LENGTH OF STAY		TY Fred.
OR and give nearest town) (in this place)  Frederick Life	Frederick	11
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital	STREET ADDRESS II3 Ice Street	
3. NAME OF (First) (Middle) DECEASED: (Type or Print) Helen Vivian Smith—Alias Helen	(Last) 4. DATE (Month) (Day Vivian Watford OF DEATH: August 25	(Year) 19 55
RACE: WHOWED, DIVERSED.	OF BIRTII: 9. AGE last birthday: IF UNDER 1 Y Months De yrs. Months De	EAR IP UNDER 24 HRS. Bys Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retlred): Domestic 10b. KIND OF BUSINESS O INDUSTRY:		CITIZEN OF WHAT
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Unknown	Mary Hill	
15 WAS DECEASED EVER IN U.S.ARMED FORCES?   16. SOCIAL SECURITY No.:   17	. INFORMANT & ADDRESS:	
Yes, no, or unk.) (If Yes, give war or dates of service)	lenard Smith Sr. I58 W. All Sain	ts Street
18. MEDICAL CERTIFICAT		Interval Between
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  ### Correct Course  (a) Correct Course  (b) Correct Course  (c) Correct Course  (d) Correct Course  (e) Correct Course  (e) Correct Course  (f) Correct Course  (g) Correct Course  (h) Correct C	Cechinin	Onset And Deat
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.  DUE TO  (b) DUE TO	Ily pertenui	6 months
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY ?
		Yes No
2I. ACCIDENT (Specify) PLACE (Home, farm, factory, stree OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (S	STATE)
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURED   While at Not While   INJURY   Mork   At Work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2 - 6	1955 to 8 - 15 , 1955, that I last	saw the deceased
alive on 8-15, 19-5, and that death occurred at SIGNATURE  (Degree or title)	9:50 P, from the causes and on the date	stated above. ATE SIGNED
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE	ERY OR CREMATORY LOCATION (City, town, or co Frederick, Maryl	
DATE REC'D BY LOCAL! REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REGISTRAR 953 - Elis Ditto by the och	Charles E. Hicks III Frederick	, Maryland

age is especially important. Physicians: please

PLEASE WRITE PLAINLY, WITH

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

07757 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH V

MEDICAL EXAMINE	R'S CER	TIFICATE	OF D	EATH	No. /44
I. PLACE OF DEATH:		2. USUAL RESIDENCE	(HOME) OF DI	ECEASED:	
COUNTY Frederick	MARYLAND	STATE Maryla	and COUNTY	Fred	erick
CITY (If outside corporate limits, write RURAL	LENGTH OF STAY	CITY (If outside co			
OR and give nearest town)  X TOWN Thurmont	(in this place) Lifetime	TOWN Thurm	ent		· ·
HOSPITAL OR INSTITUTION OR		STREET ADDRESS	(If rural,	give location)	1
STREET ADDRESS					
	iddle)	(Last)		(Day	) (Year)
DECEASED: (Type or Print) Robert Willia	m Specht		OF DEATH AU	g 27 . I	955 19
5. SEX:   6. COLOR OR   7. SINGLE, MA	RRIED,   8. DATE	OF BIRTII:   9.	AGE last birthda	y:   IF UNDER 1 Y	EAR   IF UNDER 24 HRS.
M White (Specify) Ma	DIVORCED,		22	Months Da	
10a. USUAL OCCUPATION (Give kind of   10b. KI	ND OF BUSINESS OF	28/1032	(State or foreign		CITIZEN OF WHAT
work done during most of work life, IN	DUSTRY:				S.A
	Tibre Erush	de Thurment		e.Ma I U	•0•4
I3. FATHER'S NAME:					
Rayhue C. Specht		Mazie C			
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. So (Yes, no, or unk.) (If Yes, give war or dates of	CIAL SECURITY No.:	17. INFORMANT & AD	DRESS:	TO	1 1 1
Ves   service) 1953-1954 21	7-28-6374	Mary Ann Bel	1-SPECAT	Hillrone	ont mx
		L CERTIFICATION	3/4/11		1
I. DISEASES OR CONDITIONS DIRECTLY LEADING					INTERVAL BETWEEN
825 X	roken	monke			ONSET AND DEATH
	ronen	man			and alisa
DUE TO					
Antecedent cause(s)  Diseases or conditions, if any, (b)	*	***************************************	*******************************		
giving rise to the above cause DUE TO					
stating underlying cause last					
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT	TING				
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING DEATH					
19a. DATE OF OPERATION:   19b. MAJOR FINDING					20. AUTOPSY?
					Yes No V
21a. EXTERNAL CAUSE WAS   21b. PLACE	(Home, farm, factory,	21c. (City or town)	(Cor	inty)	_ (State)
PRIMARY VZ or CONTRIBUTING [7] OF	street, office bldg., etc.	120	It France	lenack	md
2Id. TIME (Month) (Day) (Year) (Hour) 21e. IN.	WRY OCCURRED	21f, HOW DID INJ	URY OCCUR?		rice
OF INJURY Quay 27253 2 M. While work	e at Not while	antomol	ila Read	ent	
22. I hereby cerufy that I took charge of t				spection IV	Inquiry   and
find that death resulted from: Natural	causes  Accid	lent Mr. Suicide	. Homicide [	1. Undeter	rmined cause
SIGNATURE		CHIEF I	MEDICAL EXAM	INER	DATE SIGNED
BAR - salut Del &	med Same	M. D. DEPUTY ASSISTA	MEDICAL EXA	MINER Z	aug 17-55
23. BURIAL, CREMATION,   DATE THEREOF	NAME OF CEMETER	Y OR CREMATORY	LOCATION (Ci	ty, town, or co	
DEMOVAL (Specify)	Blue Ridge		Thurmont		ryland
DATE REC'D BY LOCAL   REGISTRAR'S SIGNAT		24. FUNERAL DIRE		116	ADDRESS
154: 14 20 100 AL	Sullan			loss same - ar A	
11 11 14 019 195 5 10 10 10 1 1 1 1 1 1 1 1	ance	M.L. Creage	C Son T	Battle Miller of Co.	Mary Land

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of infor MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1. PLACE OF DEATH:	1 2. USUAL RESIDENCE (HOME) OF DECEASED	:
CONTROL Man dond als		
COUNTY Frederick MARYLAND		UNTY Fred.
CITY (If outside corporate limits, write RURAL LENGTH OF S on and give nearest town)  Frederick  LENGTH OF S (in this place life)		and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS I26 Ice Street	STREET ADDRESS I26 Ice Street	ion)
3. NAME OF DECEASED: (First) (Middle) (Type or Print) George Thomas Spence	OF	Day) (Year)
5. SEX:   6. COLOR OR   7. SINGLE, MARRIED,   8. D.	ATE OF BIRTH: / / 9. AGE last birthday: If UNDER	I YEAR IF UNDER 24 HRS.
Male Colored WIDOWED, DIVERSED, (Specify): Married No.	v. 21, 1898 34 56 yrs. Months	
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Hotel waiter	SS OR 11. BIRTHPLACE (State or foreign country): 1	2. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Thomas Spencer	Emma Washington	
15 WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY No.:	: 17. INFORMANT & ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates of service) Unknown	Mary R. Spencer- 126 Ice Street	Fred. Md.
I8. MEDICAL CERTIFI		Interval Between
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  Immediate cause  (a)	mal & Throng	to March
Antecedent causes (s)		
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.  DUE TO		
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.  (c)  OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
Antecedent causes (s)  Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.  OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.	TON	20. AUTOPSY?
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.  (c)  OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	TION	Yes No
Antecedent causes (s)  Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.  (c)  11. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.		
Antecedent causes (s)  Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.  OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERAT  21. ACCIDENT (Specify) PLACE (Home, farm, factory, some suicide liomicide liomicide lindicide	street, (CITY OR TOWN) (COUNTY)  HOW DID INJURY OCCUR?	Yes No
Antecedent causes (s)  Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.  11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERAT  21. ACCIDENT SUICIDE HOMICIDE HOMICIDE TIME (Month) (Day) (Year) (Hour) OF OF OF OF While at Not While INJURY  TIME (Month) (Day) (Year) (Hour) OF OF OF Not While at Not While INJURY At Work	street, (CITY OR TOWN) (COUNTY)  HOW DID INJURY OCCUR?	Yes No (STATE)
Antecedent causes (s)  Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.  OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION:  19b. MAJOR FINDINGS OF OPERAT  21. ACCIDENT (Specify) PLACE (Home, farm, factory, softicide Homicide OF office bidg., etc.)  TIME (Month) (Day) (Year) (Hour) INJURY OCCURED OF INJURY  22. I hereby certify that I attended the deceased from 1.()	street, (CITY OR TOWN) (COUNTY)  HOW DID INJURY OCCUR?	Yes No (STATE)
Antecedent causes (s)  Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.  OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION:  19b. MAJOR FINDINGS OF OPERAT  21. ACCIDENT SUICIDE 11. OF OF OF OPERATION: SUICIDE 11. OF OF OPERATION: SUICIDE 11. OF OF OPERATION: SUICIDE 11. OF OF OPERATION: SUICIDE 12. ACCIDENT SUICIDE 13. OF OPERATION: SUICIDE 14. OF OF OPERATION: SUICIDE 15. OF OPERATION: SUICIDE 16. OF OPERATION: SUICIDE 17. OF OPERATION: SUICIDE 18. OF OPERATION:	street, (CITY OR TOWN) (COUNTY)  HOW DID INJURY OCCUR?  1957, to 8-75, 1953 that I la	Yes No No (STATE)  ast saw the deceased te stated above. DATE SIGNED
Antecedent causes (s)  Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.  OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERAT  21. ACCIDENT SUICIDE HOMICIDE HOMICIDE TIME (Month) (Day) (Year) (Hour) INJURY OCCURED OF INJURY  22. I hereby certify that I attended the deceased from form alive on signature (Degree or title)  At Work  23. BURIAL, CHEMATION: DATE THEREOF INAME OF CENTERLY (Specify) INAME OF CENTERLY (DEGREE)  10	HOW DID INJURY OCCUR?    HOW DID INJURY OCCUR?    1954, to 8-15, 1953, that I late 7P.M.e, from the causes and on the day Address   John J.	Yes No No (STATE)  ast saw the deceased te stated above. DATE SIGNED
Antecedent causes (s)  Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.  OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERAT  21. ACCIDENT  SUICIDE  HOMICIDE  HOMICIDE  TIME (Month) (Day) (Year) (Hour) INJURY OCCURED  OF OF OFF  INJURY  TIME (Month) (Day) (Year) (Hour) While at Not While INJURY  22. I hereby certify that I attended the deceased from At Work  23. BURIAL CREMATION, DATE THEREOF NAME OF CEN	treet, (CITY OR TOWN) (COUNTY)  HOW DID INJURY OCCUR?  1. 1954, to 8-15., 1953 that I late 7P.M. from the causes and on the day ADDRESS  Level By By	Yes No (STATE)  ast saw the deceased te stated above. DATE SIGNED  County) (State)

VS. A15

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# WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carrilly. The age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE

VS. A15

MARYLAND S	STATE DEPART	TMENT	OF H	IEALT!	H—BAL	TIMOR	E, 18	0'	7759
7759	CERTIFIC	ATE	OF	DEA	TH		Reg. D	ist. No	./38
1. PLACE OF DEATH:		1 2.	USUAI	L RESIDE	NCE (HOM	E) OF DE	CEASED		
COUNTY Frederick	WATNY AND		COT A TINE	Man	vland		CO	HINTTY	Frederid
CITY (If outside corporate limits write	MARYLAN RURAL LENGTH OF							and gi	ive nearest town)
X Town Rural - Bartonsv	ille (in this pl	ace)	TOWN	Rur	al - I	Barto	asvil	le	X
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D. #	6 Frederick		STREE		F.D. #	(lf rurai ;			/
3. NAME OF (First)	(Middie)	(L	ast)		4. DATE	(Mon	th) (	Day)	(Year)
DECEASED: (Type or Print) Tillie	J.	Stee	1		OF DEATH	: Augi	ist 6	5	19 55
		DATE OF			9. AGE last	birthday:	IF UNDER	I YEAR ]	IF UNDER 24 HRS.
Female White (Speci	Warried S	Sont 8	10	00	6	5 yrs.	Months	Days	Hours   Min.
Ioa. USUAL OCCUPATION. Give kind of work done during most of working life,	Warried S 106. KIND OF BUSIN INDUSTRY:	ESS OR	fi. Birt	HPLACE	(State or f	oreign cou	ntry): 1	2. CITI	ZEN OF WHAT
even if refield Sewife	Own Home		HOWE	and C	o., Md			USA	NIKI:
I3. FATHER'S NAME:	OWIT HOME	14	. MOTHE	ER'S MAII	EN NAME	•		U DZ	
			m37.		a le o sa				
John Tucker  15 WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY N	In .   17 IN	FORMAN	en Tu	CMCL				
(Yes, no, or unk.) (If Yes, give war or dates of	10. SUCIAL SECURITY IN								
No service)	None	Sam	rel A	v. St	eel, F	reder	ick,	Md.	
	18. MEDICAL CERTI	FICATION		. 1		2.4			Intervai Between
I. DISEASES OR CONDITIONS DIRECTL	Y LEADING TO DEAT	Gentin	. نم	Hoca	+ 40	il w	u		Onset And Death
Antecedent causes (s)	, Art	34.0	50	Iro	٠				
(c	)								
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but	not								
related to the disease or condition causing 19a. DATE OF OPERATION: 19b. MAJOI	g death.	ATION						1 2	0. AUTOPSY ?
134. DATE OF OFERATION: 130. MAJOR	A FINDINGS OF OPERA	AIION						-	
SUICIDE	CE (Home, farm, factor; office bidg., etc.)	y, street,	(CITY	OR TOW	N)	(COUN'	FY)	(STAT	Yes No No
TIME (Month) (Day) (Year) (Hour) OF	INJURY OCCURED While at Not Wh	ile	HOW DI	D INJUR	OCCUR?				
INJURY m.	Work At Wor		-	- 6	-				
22. I hereby certify that I attended t									
alive on SIGNATUR 1985 and	that death occurred (Degree or title)	l at	ALO	, fron	the cause	es and or	the da	te stat	ed above. SIGNED
23. BURIAL, CREMATION, DATH THERI REMOVAL (Specify)				MATORY	LOCAT	ON (City	town, or	county	) (State)
Burial Aug. 9, 1	1955   Pleasa					rovia	Md.		
DATE REC'D BY LOCAL REGISTRAR'	S SIGNATURE	24.	FUNER	AL DIRE	CTOR	+1			DDRESS
aug 8- 1955 Jucia	41. Jaken	cer 1.	rin i	J. MO.	leswor	th, L	amas	cus,	Md.

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DECENTED

MARGIN RESERVED FOR BINDING

#### 07760

MARTIDAND ST	ALE DELAKTME	NI OF HEALII	-BALIIMOI	10, 10	(, , , ) ()
7760	CERTIFICAT	E OF DEAT	TH	Reg. Dist. N	o. 131
1. PLACE OF DEATH:		2. USUAL RESIDE	NCE (HOME) OF	DECEASED:	
county Frederick	MARYLAND	STATE Mary	land count	Y Freder:	ick
CITTO (If outside corporate limits, write R)	URAL LENGTH OF STAT	Y CITY(If outside	corporate limits, wri		
X Tewn h Frederick - Ruca	(in this place)	or Fr	ederick		11
HOSPITAL OR INSTITUTION OR GOVERNMENT ADDRESS Emergency Ho	spital	STREET ADDRESS	(If rural gi	on Street	1
3. NAME OF (First)	(Middle)	(Last)	4. DATE (Mo	onth) (Day	) (Year)
DECEASED: (Type or Print) WILLIAM	HENRY	STETNHAUS	OF DEATH:	August 1	1. 1955
5. SEX:   6. COLOR OR   7. SINGLE, WIDOWE (Specify):	D. DIVORCED.	ry 30,1871	84 yrs.		IF UNDER 24 HR
IOA. USUAL OCCUPATION (Give kind of work done during most of working life.	. KIND OF BUSINESS OR INDUSTRY: as Company	11. BIRTHPLACE (	State or foreign cou		UNTRY?
13. FATHER'S NAME:		14. MOTHER'S MA	IDEN NAME:		
William H. Steinhaus		Un	known		
15. WAS DECEASED EVER IN U.S. ARMED FORCES!	16. SOCIAL SECURITY NO.	17. INFORMANT 8	ADDRESS: 3	31 Jeffer	son Street
(Yes, no, or unk.) (If Yes, give war or dates of service)	214-10-5363	Mr. Austin N			
	8. MEDICAL CERTIFICA				TERVAL BETWEE
I DISEASES OR CONDITIONS DIRECTLY IN HER PROPERTY IN HER PROPE		liv lense T	ascular &	lisans of	2 %
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) UE TO				
	(C)				
II OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO T	HE				
DISEASE OR CONDITION CAUSING DE	FINDINGS OF OPERATION	ON			ALLEGEOVA
					ZO. AUTOPSY?
	PLACE (Home, farm, fa INJURY street, office bldg		(City or town)	(County)	(State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	While Not while at work at work				
22. I hereby certify that I attended the	deceased from 3 -	, 1957, to 8:	-10 , 19.55	that I last sa	w the decease
alive on 5-10, 1955, and SIGNATURE	that death occurred a	t 12:45 M, from th	e causes and on	the date sta	ted above.
4.9, Bourn	e XX	M.D. Frederi	ck, Maryland	1 8/	11/1955
23. BURIAL, CREMATION, DATE THEREO	9	TERY OR CREMATORY	LOCATION (C	ity, town, or co	

- 10 - 53 A15 VS.

PLEASE TYPE DATE REC'D REGISTRAR BY LOCAL

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24. FUNERAL DIRECTOR

M. R. Etchison & Son, Frederick, Maryland

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07761

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:		
	2. USUAL RESIDENCE (HOME) OF DECEASED:	
county Frederick MARYLAND	STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give no	
// Town Frederick (in this place) Years	Frederick	11
HOSPITAL OR	STREET (If rural give location)	- 1
STREET ADDRESS   East Fifthteenth Street	1 East Fiftheenth Street	
- Ittille	Last) 4. DATE (Month) (Day)	(Year)
DECEASED: (Type or Print) AMY CATHERINE	STEVENS DEATH: August 21,	19 55
5. SEX:   6. COLOR OR 7. STNGLE, MARRIED.   8. DATE   RACE:   WHOOWED, DIVORCED.		DER 24 HRS.
Female White (Specify): Married August	17.1894 61 yrs. Months Days Hou	rs Min.
DA. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country):  12. CITIZEN	
work done during most of working life, even if retired is even if reti	Maryland USA USA	17
3. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
	Ella Gittings	
George B. Hoke	17. INFORMANT & ADDRESS: ] East Fifthteen	th Ct
(es, no, or unk.) (If Yes, give war or dates		
No of service) No None	Mr. Issac L Stevens, Frederick, Mary	land
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (B) DUE TO	umor of spared	
T OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	the generalized metastand 2	-yr
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISFASE OR CONDITION CAUSING DEATH.	the generalized metesting 2	yn
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	the generalized metestare 2	yrs UTOPSY2
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	the generalized melester 2 20. A YES	UTOPSY?
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION  11a. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, farm, factor of the property of the place)   21c. PLACE (Home, farm, factor of t	ory. 21c. WHERE DID (City or town) (County)	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION:  19a. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT WAS UNDERLYING OF INJURY street, office bldg., (If EITHER, NOTIFY MEDICAL EXAMINER)  21b. TIME (Month) (Day) (Year) (Hour) 21e INJURY OCCURRED	ory. 21c. WHERE DID (City or town) (County) etc. INJURY OCCUR?	но 🚺
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19A. DATE OF OPERATION:  19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDERLYING OF DEATH OF INJURY street, office bldg.,  21B. PLACE (Home, farm, fact OF INJURY street, office bldg.,  21C. TIME (Month) (Day) (Year) (Hour)	ory. 21c. WHERE DID (City or town) (County) etc. INJURY OCCUR?	NO (State)
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION:  19a. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, farm, fact OF INJURY street, office bldg., if Either, notify Medical Examiner)  11b. TIME (Month) (Day) (Year) (Hour)   21e INJURY OCCURRED While   Not while   at work   at work   at work   22. I hereby certify that I attended the deceased from alive on	21c. WHERE DID (City or town) (County)  21f. HOW DID INJURY OCCUR?  21f. HOW DID INJURY OCCUR?  21f. How DID INJURY OCCUR?	(State)
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  9A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION (ACCIDENT WAS UNDERLYING OF INJURY Street, office bidg., 19 EITHER, NOTIFY MEDICAL EXAMINER)  1D. TIME (Month) (Day) (Year) (Hour) While Not while at work at work at work at work alive on 19 June 1	21f. HOW DID INJURY OCCUR?	(State)
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  9a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION  11a. ACCIDENT WAS UNDERLYING OF INJURY Street, office bldg., 19 Either, Notify Medical Examiner)  11b. Time (Month) (Day) (Year) (Hour) While at work at work at work at work at work alive on of injury and that death occurred at SIGNATURE	21c. WHERE DID (City or town) (County)  21f. HOW DID INJURY OCCUR?	(State)
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  9a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION (ACCIDENT WAS UNDERLYING OF INJURY Street, office bldg., 19f Either, NOTIFY MEDICAL EXAMINER)  1D. TIME (Month) (Day) (Year) (Hour) While at work at work at work at work at work of INJURY (ACCIDENT OF INJURY)  22. I hereby certify that I attended the deceased from alive on the signature of INJURY (ACCIDENT OF INJURY) (A	21f. HOW DID INJURY OCCUR?  21f. How DID INJURY OCCUR?	(State)
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  9A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION  1A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, fact of INJURY street, office bldg., 19 E INJURY of	21c. WHERE DID (City or town) (County) etc. INJURY OCCUR?  21f. HOW DID INJURY OCCUR?  21f. How DID INJURY OCCUR?  250 M, from the causes and on the date stated a ADDRESS DATE SIGNE D. Frederick, Mayland 8/23/1955 ERY OR CREMATORY LOCATION (City, town, or county) emorial Park  Frederick, Maryland  Frederick, Maryland	(State)
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION:  19a. DATE OF OPERATION:  19b. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, farm, fact of INJURY street, office bldg., if either, notify medical examiner)  11b. TIME (Month) (Day) (Year) (Hour)   21e INJURY OCCURRED While   21e INJURY O	21c. WHERE DID (City or town) (County) etc. INJURY OCCUR?  21f. HOW DID INJURY OCCUR?  21f. How DID INJURY OCCUR?  250 M, from the causes and on the date stated a ADDRESS DATE SIGNE D. Frederick, Mayland 8/23/1955 ERY OR CREMATORY LOCATION (City, town, or county) emorial Park  Frederick, Maryland  Frederick, Maryland	(State)  (State)  (State)

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. No. 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED any Jan County ! COUNTY MARYLAND CITY (If outside corporate limits, write RURAL) LENGTH OF STAY CTIVIN outside corporate limits, write RURAL and give nearest town) and give nearest town) (in this place) OR OR TOWN Moun HOSPITAL OR STREET (If rural give location) INSTITUTION OR ADDRESS STREET ADDRESS 1 0710 (Middle) NAME OF (First) (Last) 4. DATE (Month) (Day) (Year) DECEASED OF OTEL 1955 (Type or Print) DEATH: 8. DATE OF COLOR OR SHIVGLE, 9. AGE last birthday IF UNDER I YEAR WIDOWED, DIVORCED RACE: . Months Days Hours (Specify); (State or foreign country): IOA. USUAL OCCUPATION (Give kind of) 108 KIND OF BUSINESS 12. CITIZEN OF WHAT work done during; most of working life. OR INDUSTRY COUNTRY? even if retired) [: (. 13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME 16. SOCIAL SECURITY NO. INFORMANT & ADDRESS IS. WAS DECEASED EVER IN U.S. ARMED FORCEST (Yes, no, or unk.) (If Yes, give war or dates of service) INTERVAL I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND YOCARDIAL NEARCTION IMMEDIATE CAUSE DUE TO ANTECEDENT CAUSE (S) RTERIO. SCLEROTIC HEART DIS. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE 48 HRS HEMORRHAGE DISEASE OR CONDITION CAUSING DEATH 19A. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION 20. AUTOPSYT 218. PLACE (Home, farm, factory. 21A. ACCIDENT WAS UNDERLYING 21c. WHERE DID (City or town) (County) (State) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY at work at work 22. I hereby certify that I attended the deceased from 6 Aug. 1955, to 4 Hug., 1955, that I last saw the deceased , and that death occurred at ?: P. M, from the causes and on the date stated above. alive on 4HO SIGNATURE DATE SIGNED NAME OF CEMETERY OR GREMATORS LOCATION (City, town, or county) (State) 23. BURIAL, CREMATION REMOVAL (SPECIFY) ADDRESS DATE REC'D BY LOCAL REGISTRAR'S

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#### MARYLAND STATE DEPARTMENT OF HEALTH

7761

2411 N. Charles Street, Baltimore

07763

#### CERTIFICATE OF DEATH

Reg. Dist. No. 131

I. PLACE OF DEATH COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	, , /
Frederick MARYLAND	mary land	Frederical
(If outside corporate limits, write RURAL and LENGTH OF STAY OR giverpearest deval ck - Rugata Several Process	CITY (If outside corporate limits, write RURAL and give on Frederick	e nearest town)
HOSPITAL OR	STREET (If rural, give location)	
INSTITUTION OR MONTEURE Home	ADDRESS 4 th Street C	t.
3. NAME OF (First) (Middle)	(Last)   4. DATE (Month)	(Day) (Year)
(Type or Print) Chantes Thank	Sunday OF DEATH 8	20 19 67
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED		I year III under 24 hrs.
male white WIDOWED, DIVERSED, (Specify) zeridower	Months.	Days   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR		CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY		COUNTRY?
KELIKED- 28 1 E WHICHED BOLDEL.		UDA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Columbus A. Sunday	Eliza Jane Mort	
15. Was Deceased Ever In U.S. Armed Forces?   16. Social Security No.	17. INFORMANT	1 1
(Yes, no, hr unknown) (If year, give war or dates of None	Ralph M. Sunday, Annapolis, Mary	rland
I DIGENGE OF CONDITIONS DIRECTLY LEADING TO DRAW!	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
Calculance	A Constant	4
156. / Immediate cause (a)	***************************************	aug & to
Antecedent cause(s)		ade is to
		med Kunder
Diseases or conditions, if any, (b)	## 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
stating the underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS	8 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	** ** ** ** ** ***
Conditions contributing to the death but not		
related to the disease or condition causing death.  19a, DATE OF OPERATION   19b, MAJOR FINDINGS OF OPERATION		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No X
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.)	(CITY OR TOWN) (COUNTY)	(STATE)
SUICIDE OF office bidg., etc.) HOMICIDE INJURY	8 8 8 8	
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not While INJURY m. Work At work		
INJURI III. I WORL At WORL		
22. I hereby certify that I attended the deceased from	C 10 58 4 Class 20 10 58 14 7 14	
alive on 1987, and that death occurred at 8	: 45 P m., from the causes and on the date sta	tod above
SIGNAPURE (Degree or title)	ADDRESS	DATE SIGNED
XLCII.		4.4
M. D. Fred	derick, Maryland 22 Au	g 1955
23. BURIAL, CREMATION   DATE   NAME OF CEMETER	RY OR CREMATORY   LOCATION (City, town, or count;	y) (State)
Burial (Specify) 22 Aug 1955 Mount Olivet		d
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REG.	M. R. Etchison & Son, Frederick,	
22 thing. 1950   Elizabeth y. Heck.	m. I. Buchison & Son, rrederick,	Maryland
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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 131

n. PLACE OF DEATH: county Frederick		1 2. USUAL RESIDENCE (HOME) OF DECEASED:	
Frederick		2. OSOAL RESIDENCE (HOME) OF DECEASED:	
COUNTY TIEUCITUR	MARYLAND	STATE Maryland COUNTY Frederick	
CITY (If outside corporate limits, write and give nearest town)  Frederick		GHATIf outside corporate limits, write RURAL and give neare OR TOWN DOUBS	t town)
HOSPITAL OR INSTITUTION OR PSTREET ADDRESS DOA Frederi	ick Memorial Hospit	STREET (If rural give location)	
B. NAME OF (First)	(Middle)	(Last)   4. DATE (Month) (Day) (Ye	ar)
(Type or Print) CHARLES	EDGAR	WHIPP DEATH: August 20, 2 19	55
Male White Specif	WED, DIVORCED.	9. AGE last birthday IF UNDER 1 YEAR Months Days Hours	24 Hrs. Min.
	Railroad	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF COUNTRY?  Maryland  USA	WHAT
3. FATHER'S NAME:		14. MOTHER'S MAIDEN NAME:	
John N. Whipp		Ann Shellman	
. WAS DECEASED EVER IN U.S. ARMED FORCES		17. INFORMANT & ADDRESS:	
Yes, no, or unk.) (If Yes, give war or dates	705-07-7966	Mrs. Edna C. Whipp, Doubs, Maryland	
ANTECEDENT CAUSE (\$)		cardial infarction 4 hs	uno
ANTECEDENT CAUSE (\$)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  TO THER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED T	(B)  DUE TO  (C)  CONTRIBUTING  O THE	cardial infarettion	uns
ANTECEDENT CAUSE (\$)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  TO THER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED T DISEASE OR CONDITION CAUSING	(B)  DUE TO  (C)  CONTRIBUTING  O THE  DEATH.		mo
ANTECEDENT CAUSE (\$)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  I OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED T DISEASE OR CONDITION CAUSING	(B)  DUE TO  (C)  CONTRIBUTING  O THE		DPSY7
ANTECEDENT CAUSE (\$)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  TO THE SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED T DISEASE OR CONDITION CAUSING  9A. DATE OF OPERATION: 19B. MAJO	(B) DUE TO  (C) CONTRIBUTING O THE DEATH. OR FINDINGS OF OPERATIO	N 20. AUTO YES TO TOWN (County) (Si	
ANTECEDENT CAUSE (S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  I OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED T DISEASE OR CONDITION CAUSING  9A. DATE OF OPERATION: 19B. MAJO  11A. ACCIDENT WAS UNDERLYING   R CONTRIBUTING   CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER)  1D. TIME (Month) (Day) (Year) (Hour) F INJURY  M.	(B) DUE TO  (C) CONTRIBUTING O THE DEATH. OR FINDINGS OF OPERATIO  21B. PLACE (Home, farm, fac OF INJURY street, office bldg.,  21E INJURY OCCURRED While Not while at work at work	tory, 21c. WHERE DID (City or town) (County) (Street. INJURY OCCUR?	no ate)
ANTECEDENT CAUSE (\$)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  IT OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED T DISEASE OR CONDITION CAUSING  9A. DATE OF OPERATION: 19B. MAJO  11A. ACCIDENT WAS UNDERLYING     IR CONTRIBUTING     CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER)  11D. TIME (Month) (Day) (Year) (Hour)  15F INJURY  M.  12. I hereby certify that I attended	(B) DUE TO  (C) CONTRIBUTING O THE DEATH. OR FINDINGS OF OPERATIO  21B. PLACE (Home, farm, fac OF INJURY street, office bldg., While Not while at work the deceased from	tory, 21c. WHERE DID (City or town) (County) (St	ate)
ANTECEDENT CAUSE (S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  If OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED T DISEASE OR CONDITION CAUSING  9A. DATE OF OPERATION: 19B. MAJO  11A. ACCIDENT WAS UNDERLYING THE FEITHER, NOTIFY MEDICAL EXAMINER)  11D. TIME (Month) (Day) (Year) (Hour)  11D. TIME (Month) (Day) (Year) (Hour)  12. I hereby certify that I attended alive on	CONTRIBUTING O THE DEATH. OR FINDINGS OF OPERATIO  21B. PLACE (Home, farm, fac OF INJURY street, office bidg., While Not while at work at work  the deceased from 7	tory, 21c. WHERE DID (City or town) (County) (State of the county) (County) (State of the county) (State of th	ate)

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18()7765 7740 CERTIFICATE OF DEATH Reg. Dist. No. 131

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	0
COUNTY Fraderick MARYLAND	STATE Dad. COUNTY 3	red
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give	nearest town)
OR and give nearest town) (in this place)	TORY P Muersaille	<u> </u>
HOSPITAL OR	STREET (If viral give location)	<del>-</del>
10 9 STREET ADDRESS	ADDRESS Hallarille,	/
2 NAME OF		
3. NAME OF (First) (Middle) DECEASED: (Type or Print) Show B.	supple DEATH: Conquet 14	Year) 19 5 5
5. SEX: S. COLOR OR RACE: T. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):		under 24 Hrs.
10a. USUAL OCCUPATION Give kind of 10b. KIND OF BUSINESS OF work done during most of working life, even if retined):		OF WHAT
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	. ·
CA A D	C T	
15 WAS DECEASED EVER IN U.S. ARMED FORCES?   16, SOCIAL SECURITY No.:   17.	INFORMANT & ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates of	2 21: 0 : 1 e 20 : 00	501
none 7	esse M. Mingueld, Muguerulle,	The .
18. MEDICAL CERTIFICANT	Inte	erval Between
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	Ons	ot And Death
Immediate cause (a) Lescelral	Hemoorlage 22	222
DUE TO		
Antecedent causes (s) Diseases or conditions, if any, (b)	and Repurlension Mrs	soft.
giving rise to the above cause stating the underlying cause last. DUE TO		,
(c)		
II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION	20.	AUTOPSY ?
	Ye	s No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not While	HOW DID INJURY OCCUR?	
OF While at Not While INJURY m. Work At Work		
22. I hereby certify that I attended the deceased from	19 to 19 that I last saw th	ne deceased
olan D		
alive on (2), 19. 3., and that death occurred at	from the causes and on the date stated DATE SIG	NED _
Botherman 18 0 1. To medial isa	mer Joseph med and and.	14-55
23. BURIAL, CHEMATION, DATE THEREOF NAME OF CEMETER	RY OR CREMATORY LOCATION (City, town, or county)	(State)
Dural 18-16-1955 Barfuld	U. E. Cem. Stederick Co.	Ind.
REGISTRAR - IOD: \\ OO I \\	24. FUNERAL DIRECTOR ADD	RESS
8-15-1955 Elizabeth J. Heck.	My d kelly (a. Meddle locan)	0119
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BUREAU V. S.

#### 7711

## CERTIFICATE OF DEATH

		FOR MEDICAL	EXAMINERS	Reg. I	Dist. No. 131
1. PLACE OF DEAT COUNTY Free	m. Jerick	364 Days A330	2. USUAL RESIDENCE STATE Marylan	(HOME) OF DECEASE	COUNTY Frederick
	corporate limita, write RUR	MARYLAND  AL and   LENGTH OF STAY   (in this place)   Years		orate limits, write RURA	
HOSPITAL OR INSTITUTION OF STREET ADDR	OR 230 West Par	trick Street	STREET ADDRESS 230 V	West Patrick S	
3. NAME OF DECEASED (Type or Print)	(First) JOHN		(Last) ZIMMERMAN	4. DATE (Mo OF DEATH Aug	west 10, 190
Male	White	7. STINGEE, MATGRED, WIDOWED, DIVORCED, (Specify) DIVORCED	8. DATE OF BIRTH 6 Nov 1910	44 yrs.	If under 1 year of under 24 h Months   Days   Hours   Mi
done during most of STOCK ULE	PATION (Give kind of work working life, even if retired)	Wholesale Hardwar	Maryland	or foreign country)	12. CITIZEN OF WHA
John F. 2	me Zimmerman		Emma Koogle	8	
15. WAS DECEASED (Yes, no, or unknown	EVER IN U.S. ARMED FORCES (If yes, give war or dates (service)	17 16. SOCIAL SECURITY No. 211-10-2092	James F. Zimme	erman, Frederi	ick, Md.
Diseases of giving rise stating the stating the UTHER SIGNIF Conditions contril	ent cause (a)	Coronary Quetere s'cle	roeis		2-7/20-y
		FINDINGS OF OPERATION			20. AUTOPSY?
21. EXTERNAL C. PRIMARY OR CAUSE OF DEAT	AUSE WAS CONTRIBUTING   PLA OF 'H. INJU	CE (Home, farm, factory, street, office bldg., etc.) URY	(CITY OF	TOWN) (C	OUNTY) (STATE)
	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not while work □ at work □	HOW DID INJURY O	CCURT	
obtained by 8a	aid Autopsy, Inspection o	ins described above, held an Ar Inquiry, find that said dece, suicide , homicide , (Degree or title)  Deputy Medical Exa	ased died on the day sta undetermined []. ADDRESS	ited above, and death	on and from the evidence in my opinion resulted  DATE SIGNET  12 Aug 1955
BUFFAL (Spo	rify) 12 Aug 19	955   Methodist C	RY OR CREMATORY emetery	New Market, N	
DATE REC'D BY	000	SIGNATURE	24. FUNERAL DIRECT	ror	ADDRESS erick, Maryland
0	1				

PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING PLEASE WRITE

The correct age

